

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

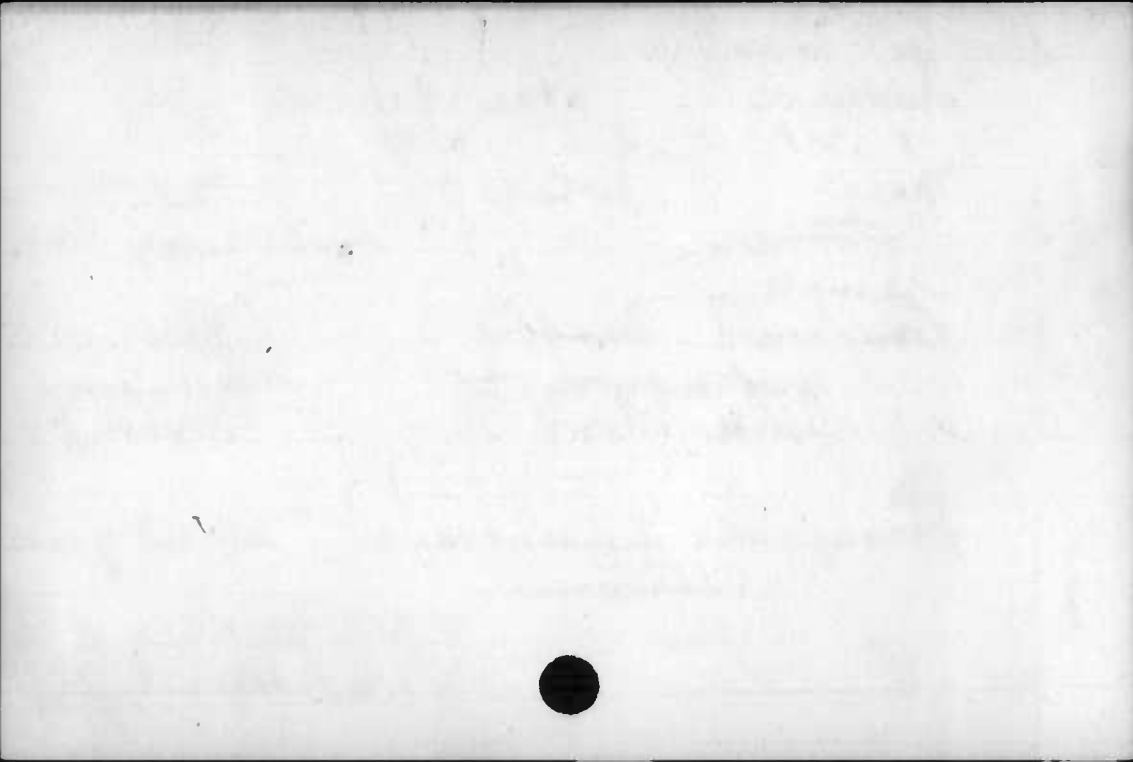
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND				
Date of death	<i>1908 Oct</i>	Month	<i>30</i>	Day	<i>17</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>German town</i>			
Occupation	<i>School girl</i>			Where Residing if not at place of death	<i>German town</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband	<i>Richard</i>			
Father's Name	<i>Richard Bodner</i>			Father's Birthplace	<i>P.G. County</i>			
Mother's Maiden Name	<i>Louisa Johnson</i>			Mother's Birthplace	<i>Annapolis</i>			
Name of person giving information	<i>Richard Bodner</i>			How related to deceased	<i>father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>4 months</i>
Immediate	<i>Hemorrhage</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R.P. Neely</i>
		Address	<i>20 Cothran St Annapolis</i>
Accident or Suicide?			



Name
in
Full

Walter Basford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

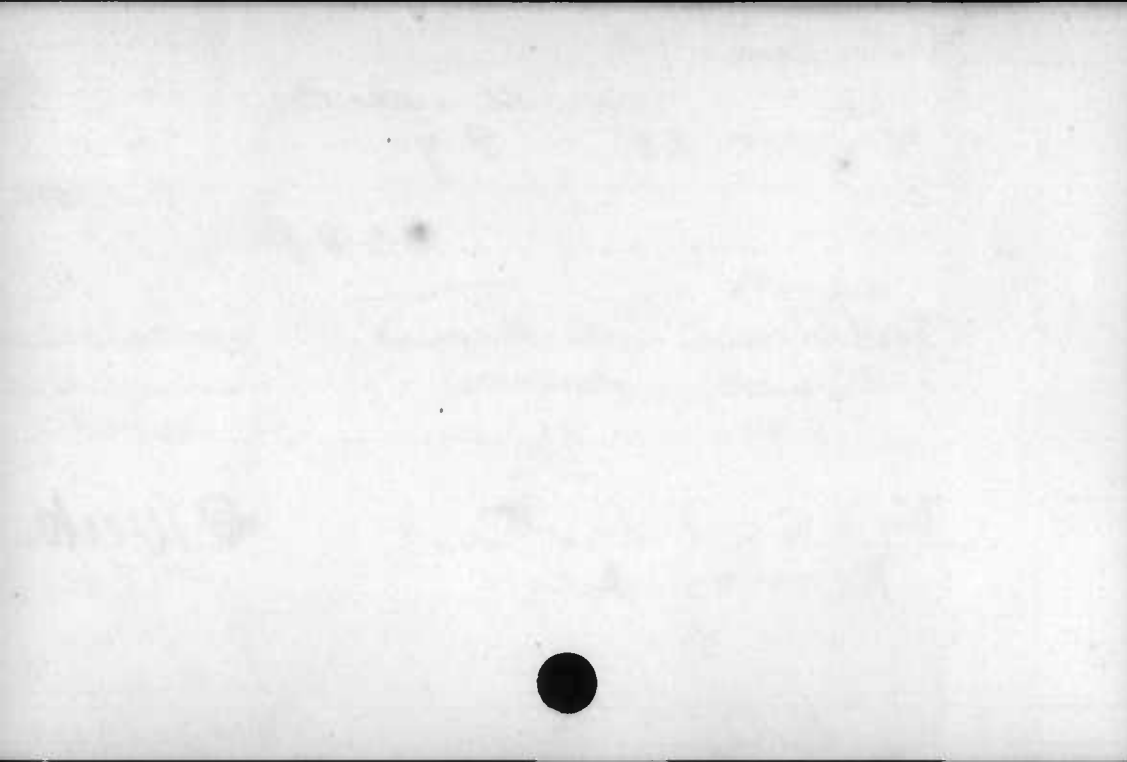
Died at <i>Naturelle</i>		Town		County		MARYLAND	
Date of death	1908	Month	Oct.	Day	12	Age	24
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	Motorman			Where Residing if not at place of death			Baltimore, Md.
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Benjamin Basford					Father's Birthplace	Md.
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	John Ford					How related to deceased	Friend

CAUSES OF DEATH

(26)

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal Tuberculosis</i>		How long	<i>Several years</i>
Immediate	<i>Asthma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>A. H. Perrie</i>	
			Address <i>McKendree, Md.</i>	
Accident or Suicide?				



Name
in
Full

Eduora . A. Brown

CERTIFICATE OF DEATH

Town

County

Died at *Annapolis Md**A. A. Co*

MARYLAND

Date

of death 1908

Month

OCT

Day

28

Age

Years

9 yr

Months

Days

Sex

*female*Color or
Race*colored*Birth-
place*Annapolis Md*

Occupation

*—*Where Residing if not
at place of death*68 Jlay st*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*William . A. Brown*Father's
Birthplace*Annapolis Md*Mother's
Maiden Name*Ethel Brown*Mother's
Birthplace*Annapolis Md*Name of person giving
In formation*William Brown*How related
to deceased*brother*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 Weeks

Immediate

Hemorrhage

How long

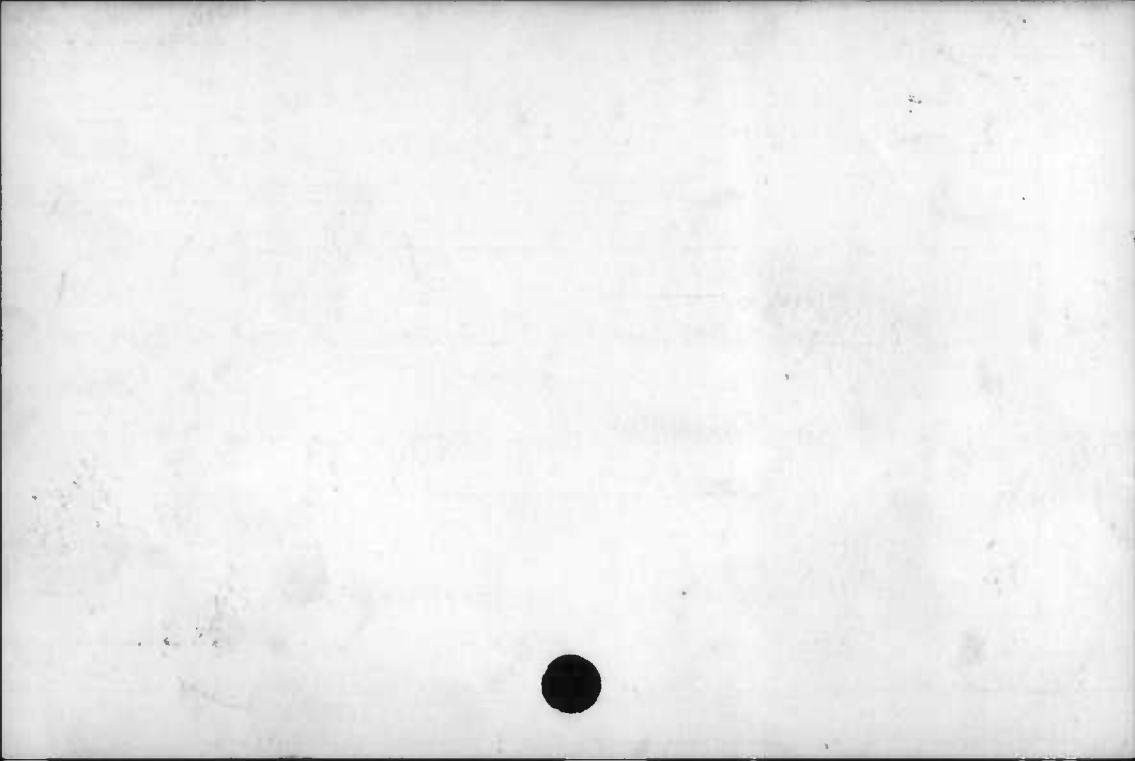
*One hour*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*R. P. Keeple
60 Cathedral St
Annapolis Md.*

Accident or Suicide?

*N.O.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
L



Name
in
Full

Emily Brown

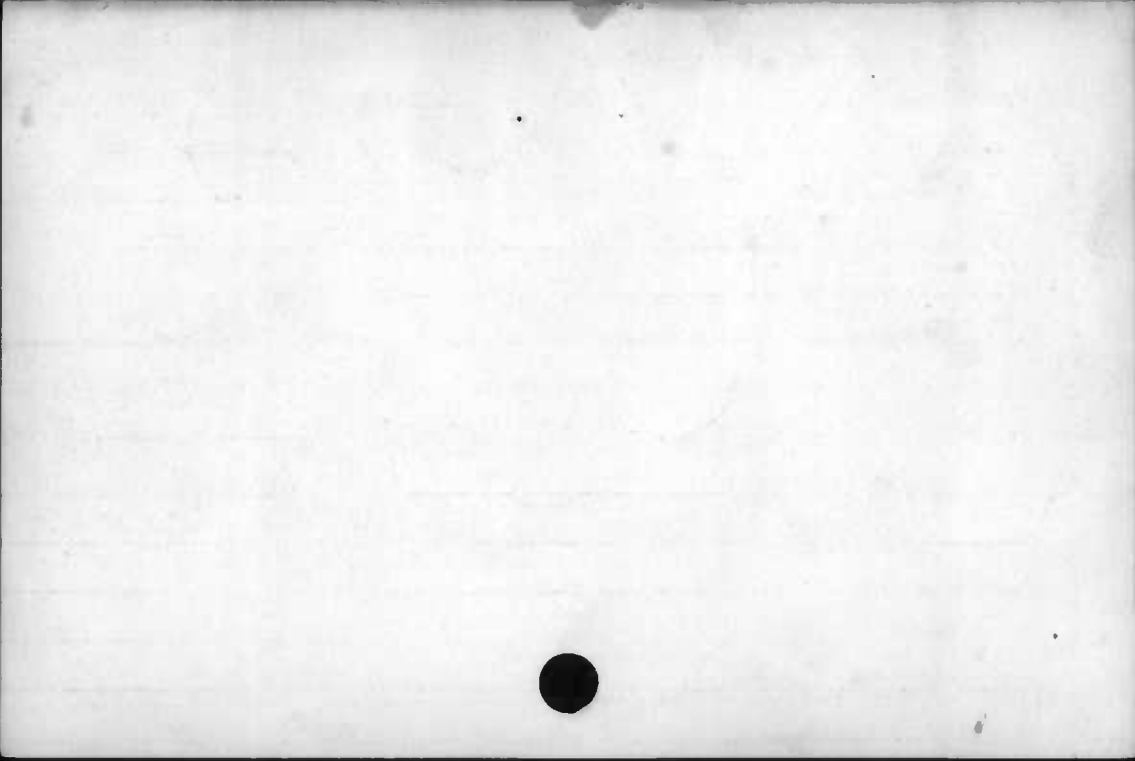
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

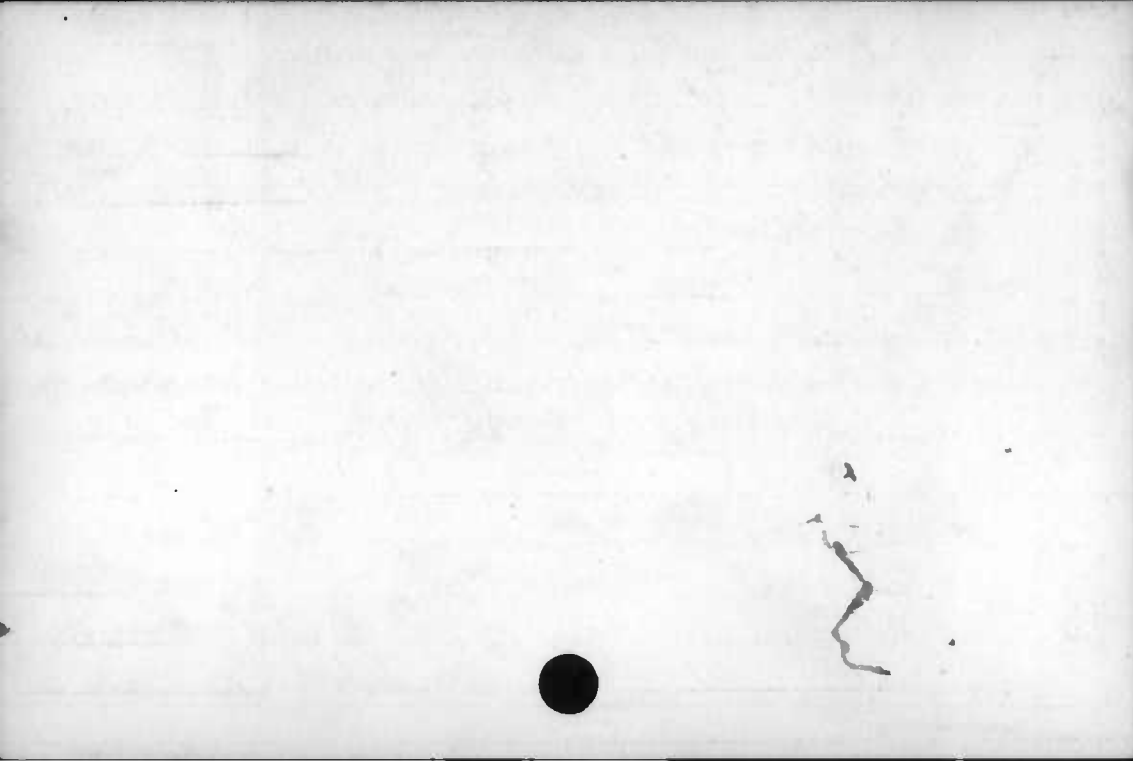
Died at <i>Bayard</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1908 Oct.</i> Month		<i>21</i> Day	<i>80</i> Age Years	<i>—</i> Months	<i>3</i> Days
Sex <i>Feminine</i>		Color or Race <i>American</i>		Birth-place <i>Anne Arundel Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Emily Brown</i>			
Father's Name <i>Bertram Atwell</i>		Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Orera Wells</i>		Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>Joseph O. Howley</i>		How related to deceased <i>Father + Mother</i>			

CAUSES OF DEATH

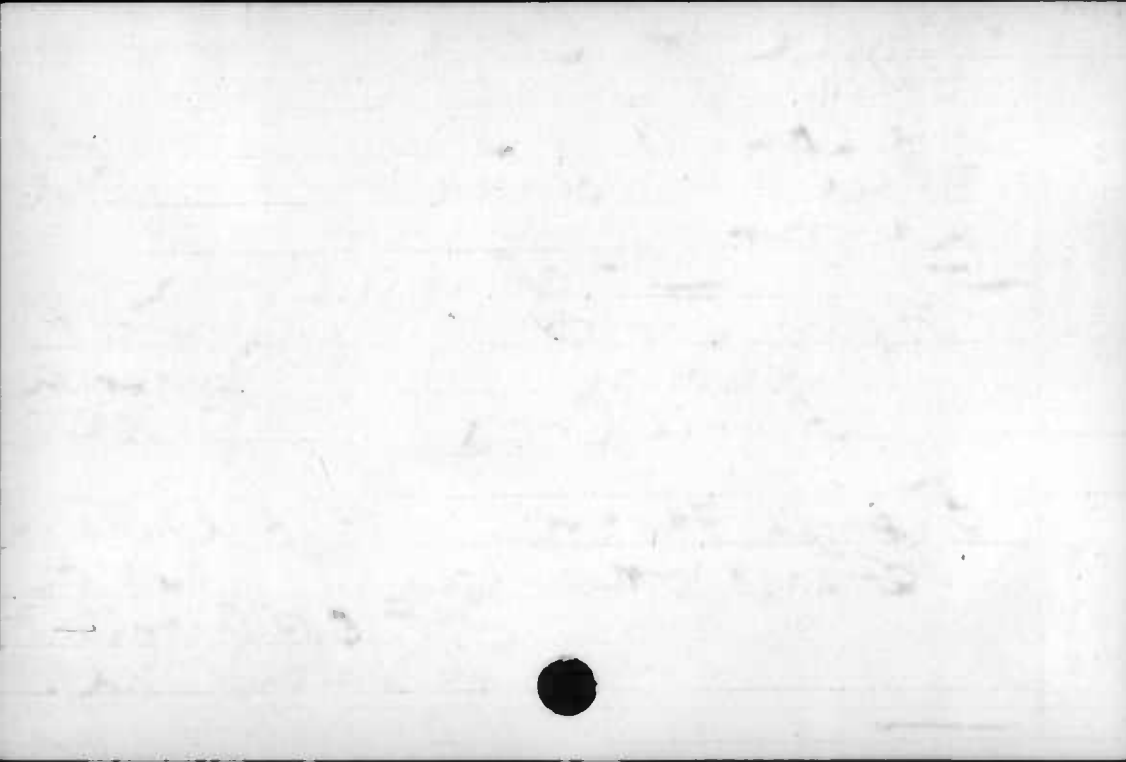
Primary	<i>Valvular Heart Disease</i>	How long <i>79</i>
Immediate	<i>Cardiac Incompetency</i>	How long <i>6 wks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Madeline Bevard</i>
<i>Yes</i>		Address <i>West River Md</i>
Accident or Suicide?		



Name in Full <i>Ethia Brown</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>annapolis md</i> Town <i>annapolis md</i> County <i>a. a. Co</i>		MARYLAND
	Date of death <i>1908 Oct 2</i>	Age <i>—</i>	Months <i>—</i> Days <i>5</i>
	Sex <i>female</i>	Color or Race <i>coloured</i>	Birth-place <i>annapolis md</i>
	Occupation <i>—</i>	Where Residing if not at place of death <i>58. 1/2 day st</i>	
	Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>	
	Father's Name <i>William H. Brown</i>	Father's Birthplace <i>annapolis md</i>	
Mother's Maiden Name <i>Ethia Boyam</i>	Mother's Birthplace <i>annapolis md</i>		
Name of person giving information <i>William H. Brown</i>	How related to deceased <i>father</i>		
CAUSES OF DEATH 90			
PHYSICIAN OR CORONER	Primary <i>Bronchitis</i>	How long <i>from Birth</i>	
	Immediate <i>Apnoea</i>	How long <i>Immediate</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ambrose Garcia M.D.</i>	
	Accident or Suicide? <i>—</i>	Address <i>12 1/2 day st annapolis md</i>	



Name in Full		Richard A. Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Salley</u> <small>Town</small>		<u>a. a.</u> <small>County</small>		MARYLAND	
		Date of death <u>1908 Oct 11</u>		Age <u>39</u> <small>Years</small>		<u>—</u> <small>Months</small>	
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>A. A. G., Md</u>	
		Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>			
		Married <u>—</u> <small>Widow</small>		Name of Wife <u>Annie Cook</u>			
		Father's Name <u>Henry Cook</u>		Father's Birthplace <u>A. A. G., Md</u>			
		Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Annie Cook</u>		How related to deceased <u>Wife</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Typhoid Fever</u>		How long <u>10 days</u>			
		Immediate <u>Heart Failure</u>		How long <u>Immediate</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. B. C. Horton Md.</u>			
				Address <u>Co. Bally Md.</u>			
<div style="display: flex; justify-content: space-between;"> <div> <p>Assisted in signing?</p> <p><u>2</u></p> </div> <div> <p>LIBRARY BUREAU A68616</p> </div> </div>							



Name
in
Full

May Louisa Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

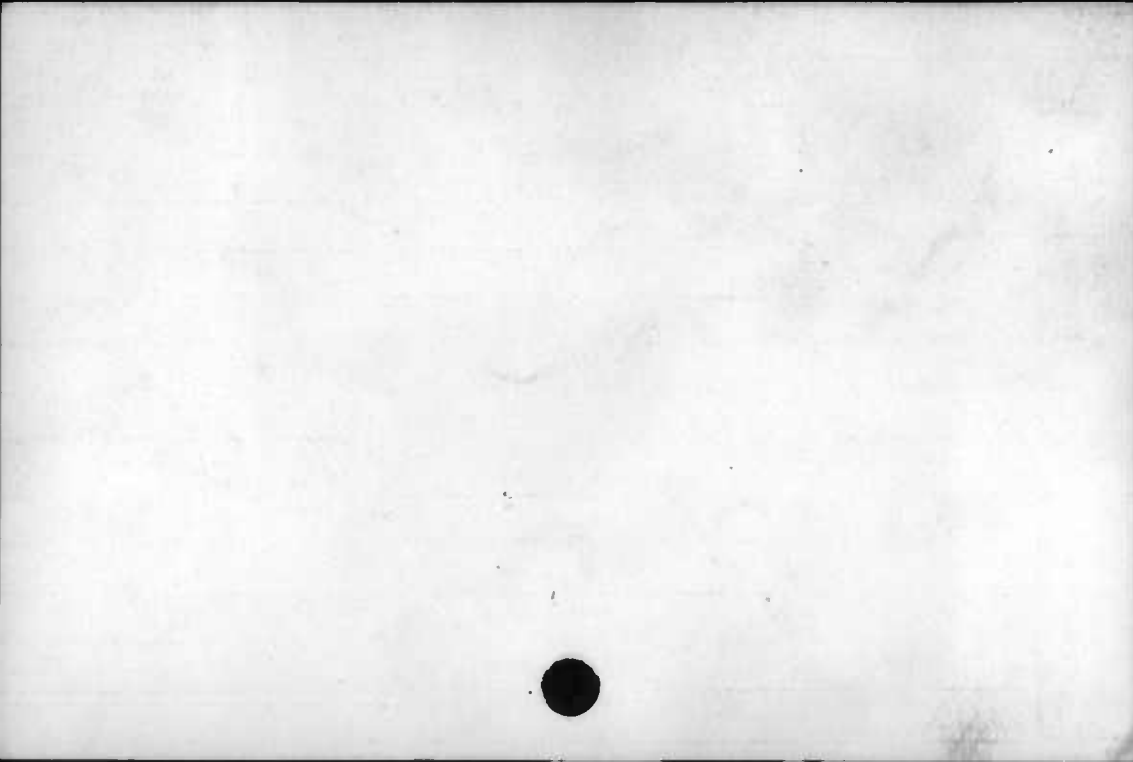
Died at <u>Arnold Station 3rd Dist.</u> <u>Ta</u> <u>9</u> <u>60</u>		County		MARYLAND	
Date of death	1908	Month	Oct	Day	5
Age	5	Years	5	Months	
Sex	Female	Color or Race	Colored	Birth-place	Unknown
Occupation	School Girl	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband	None		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	Benjamin Liffers			How related to deceased	Unknown

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	Exhaustion from hemorrhage	How long	2 1/2 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. E. Keiser
		Address	68 E. Cathedral St Annapolis Md
Accident or Suicide?	no		



Name
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CERTIFICATE OF DEATH

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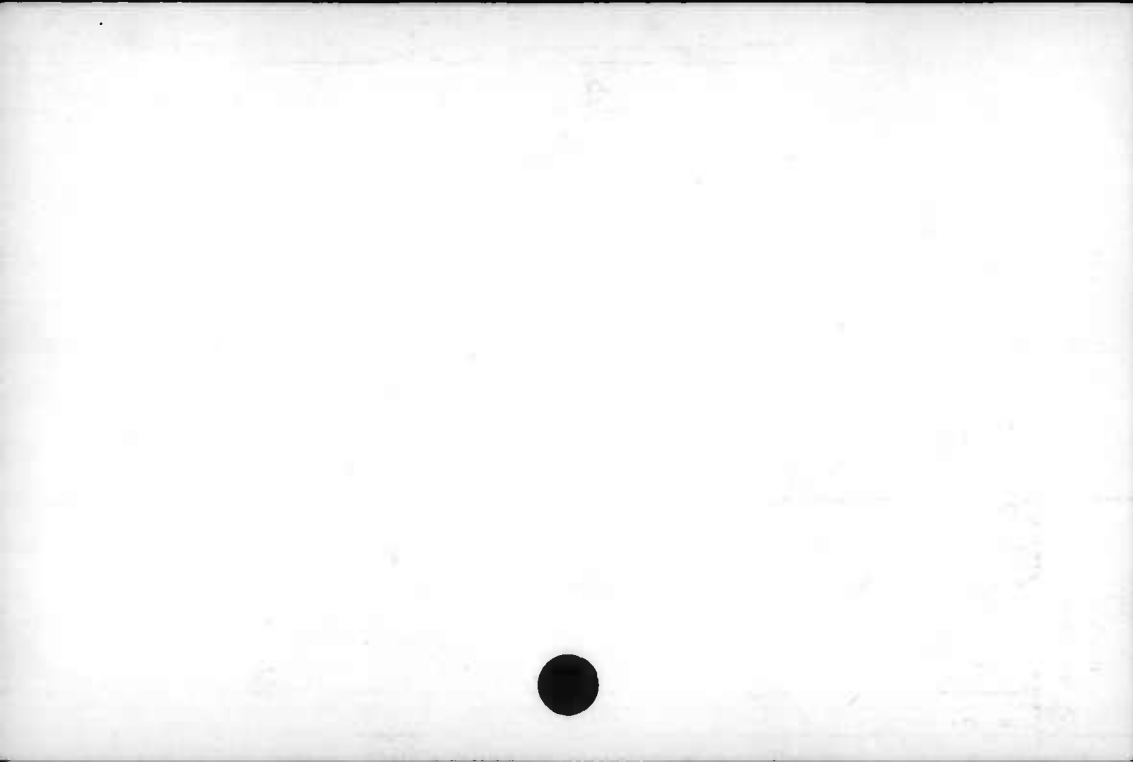
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		Oct	7				
Sex	Age	Color or Race		Birthplace			
m	1	White male		White		Eastport	
Occupation		Where Residing if not at place of death					
none		Eastport					
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name		Father's Birthplace					
D. & Elliott		Calvert Co.					
Mother's Maiden Name		Mother's Birthplace					
Eagles & Stevens		"					
Name of person giving Information		How related to deceased					
D. & Elliott		Brother					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	1 month
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Purvis,	
		Address	
		Annapolis,	
		Md.	
Accident or Suicide			
no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James ~~Franco~~ France

Town *Curtis Creek* County *Anne Arundel* MARYLAND

Died at *Curtis Creek*

Date of death *1908* Month *Oct* Day *7* Age *65* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Philadelphia Pa*

Occupation *Watchman* Where Residing if not at place of death *Larkins Club*

Married, Single or Widowed *Married* Name of Wife or Husband *Cliza France*

Father's Name *Peter France* Father's Birthplace *Philadelphia*

Mother's Maiden Name *Cliza Wilson* Mother's Birthplace *"*

Name of person giving information *Geo S France* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Paralysis of the Heart* How long *Unknown*

Immediate *Paralysis of the Heart* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Potter Coroner*

Address *Brooklyn A A C Mc*

Accident or Suicide?



Name
in
Full

Blanch Greer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

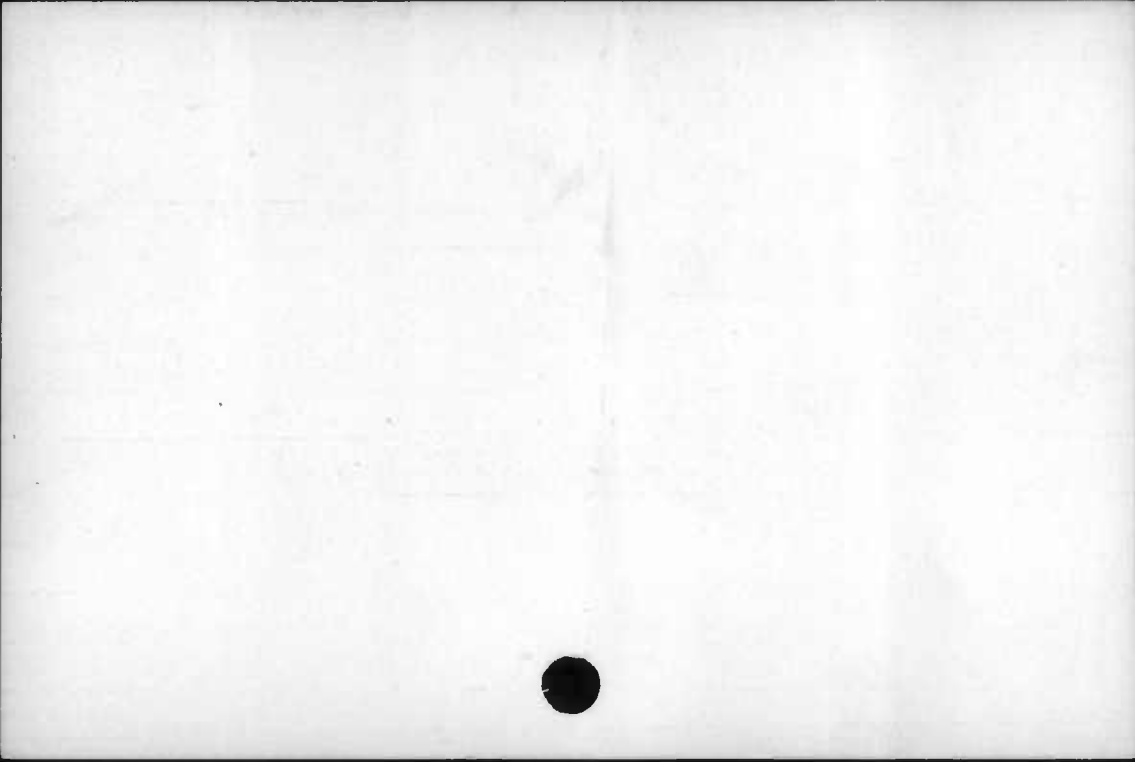
Died at <i>Harman</i> Town <i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>October</i> Day <i>20</i>	Age <i>13</i> Years	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Charles Co Md</i>	
Occupation <i>House servant</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>William Greer</i>	Father's Birthplace <i>Charles Co Md</i>		
Mother's Maiden Name <i>Lane Catherine Gray</i>	Mother's Birthplace <i>Charles Co Md</i>		
Name of person giving information <i>William Greer</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burns from Coal Oil Explosion</i>	How long <i>10 min</i>
Immediate <i>Shock & exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Le R Wmerson M.D.</i>
	Address <i>Hanover Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

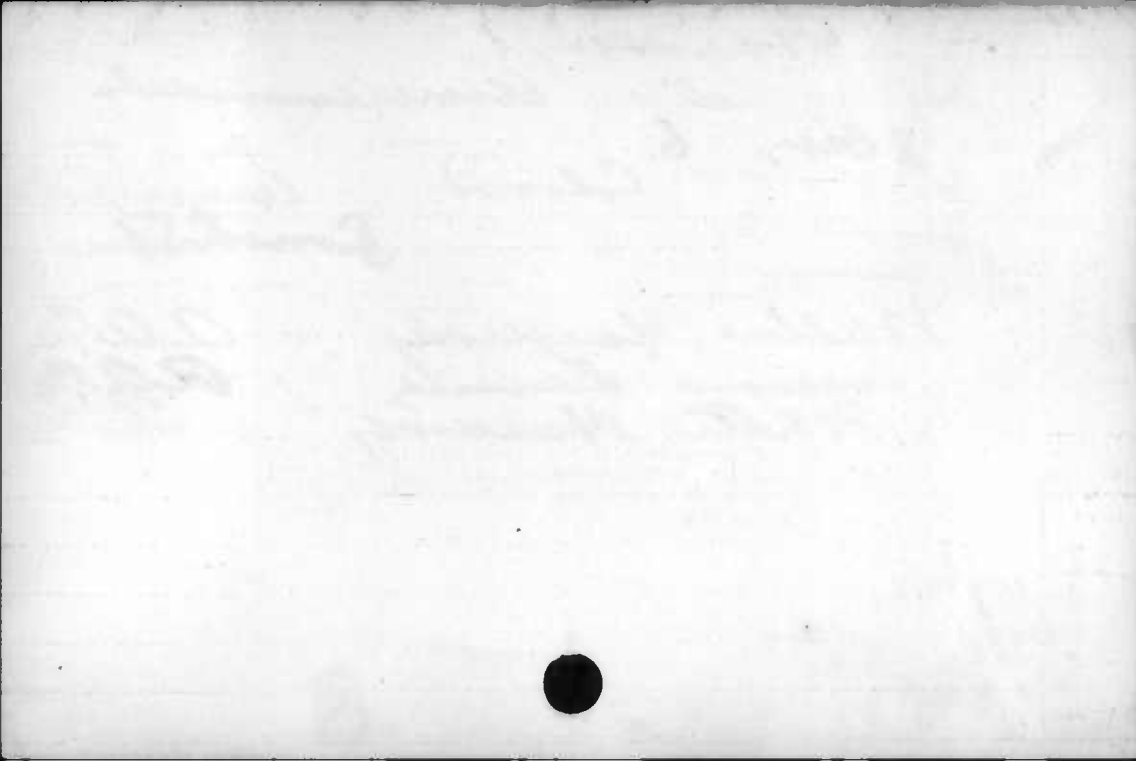
Name in Full <i>Infant daughter of — Hardesty</i>		Town <i>Deals</i>		County <i>Anna Arundel</i>		MARYLAND	
Died at <i>Deals</i>		Date of death <i>1905 Oct 19</i>		Age <i>—</i>		Months <i>—</i> Days <i>1 1/2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Deals</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>J. Morris Hardesty</i>				Father's Birthplace <i>Galveston, Tex.</i>			
Mother's Maiden Name <i>Agnes Deal</i>				Mother's Birthplace <i>Deals</i>			
Name of person giving information <i>J. Morris Hardesty</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inanition</i> <i>Premature Delivery 5:6 mo.</i>	How long <i>—</i>
Immediate <i>Inanition</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. R. W. Wilson</i>
	Address <i>Churchton, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Sellman H. Hardisty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

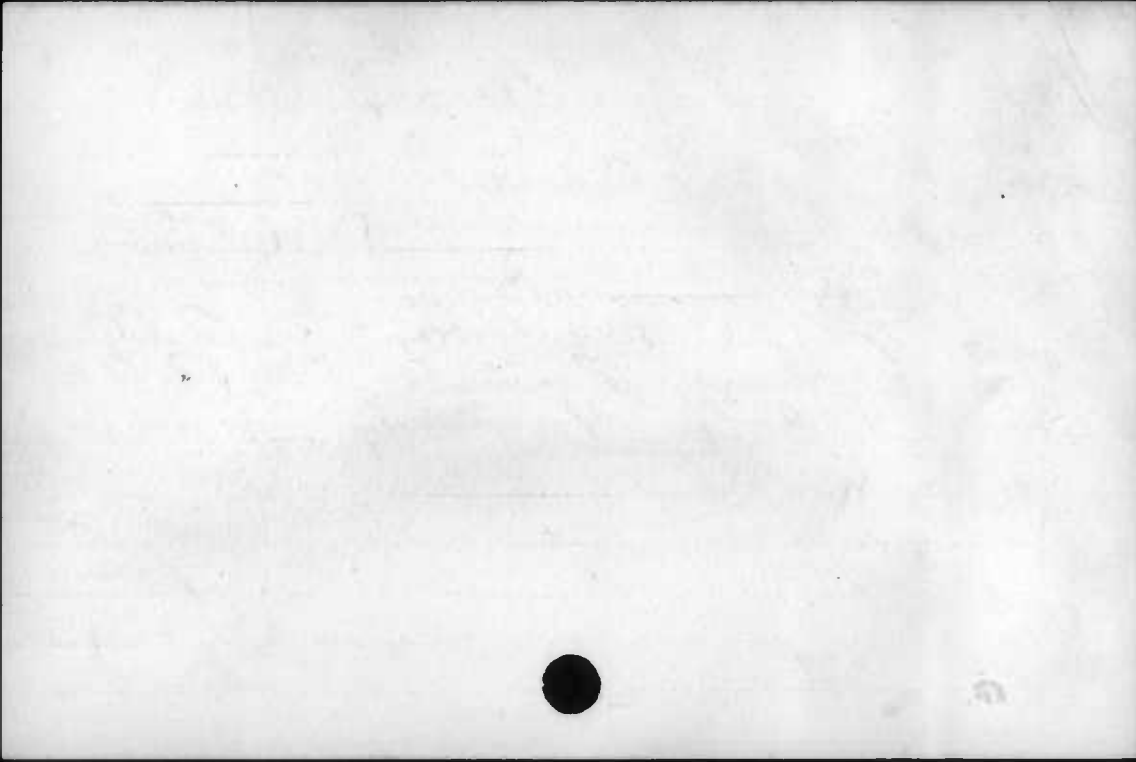
Died at <i>Annapolis</i> Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	Oct.	Day	6
Age		Years	2	Months	
Sex	male	Color or Race	Colored	Birth-place	Annapolis
Occupation			Where Residing if not at place of death		
			<i>133 South St</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Walter Hardisty</i>			<i>AA Co Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Emma Turner</i>			<i>AA Co Md</i>		
Name of person giving information			How related to deceased		
<i>Walter Hardisty</i>			<i>father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout</i>	
		Address	
		<i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James A. B. Henson

Died at ^{Town} *Camp - Parole* ^{County} *Anne Arundel*

MARYLAND

Date of death 190 ^{Month} 8 ^{Day} Oct. ^{Age} 30 ^{Years} ^{Months} 3 ^{Days}Sex *Male* Color or Race *Colored* Birth-place *2nd dist A.A.C.*Occupation *_____* Where Residing If not at place of death *_____*Married, Single or Widowed *Single* Name of Wife or Husband *_____*Father's Name *Benjamin Henson* Father's Birthplace *Annapolis Md*Mother's Maiden Name *Sadie Darnell* Mother's Birthplace *Annapolis Md*Name of person giving Information *Sadie Henson* How related to deceased *Mother*

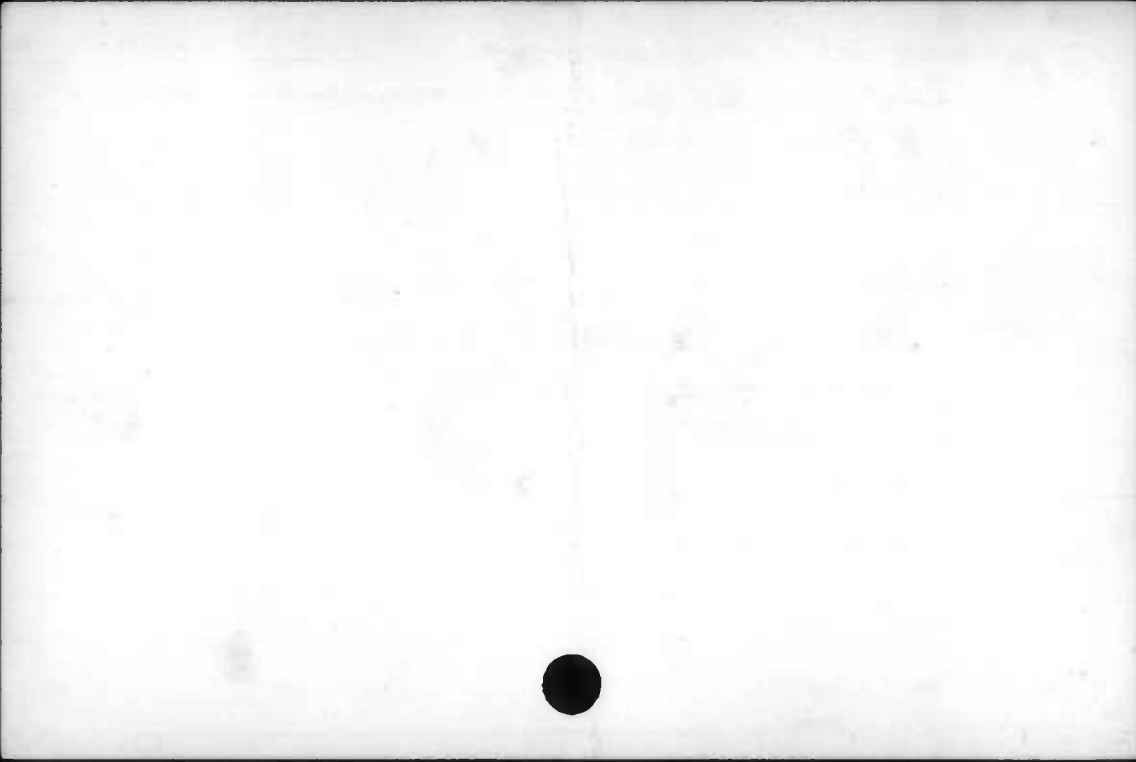
CAUSES OF DEATH

179

Primary *Confidential, severely* How long *3 months*Immediate *Exhaustion* How long *2 H.*Are the name, age, sex, color, data and place correctly given above? *Yes*Signature of Physician *R. P. Keese*Address *Annapolis*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

George William Hill

TO BE ANSWERED BY
NEAREST FRIEND

Town Red Bank County Anne Arundel MARYLAND
Died at
Date of death 1908 Oct 26 Age 1 Months 1 Days 1
Sex Male Color or Race Colored Birth place North
Occupation Infant Where Residing if not at place of death "

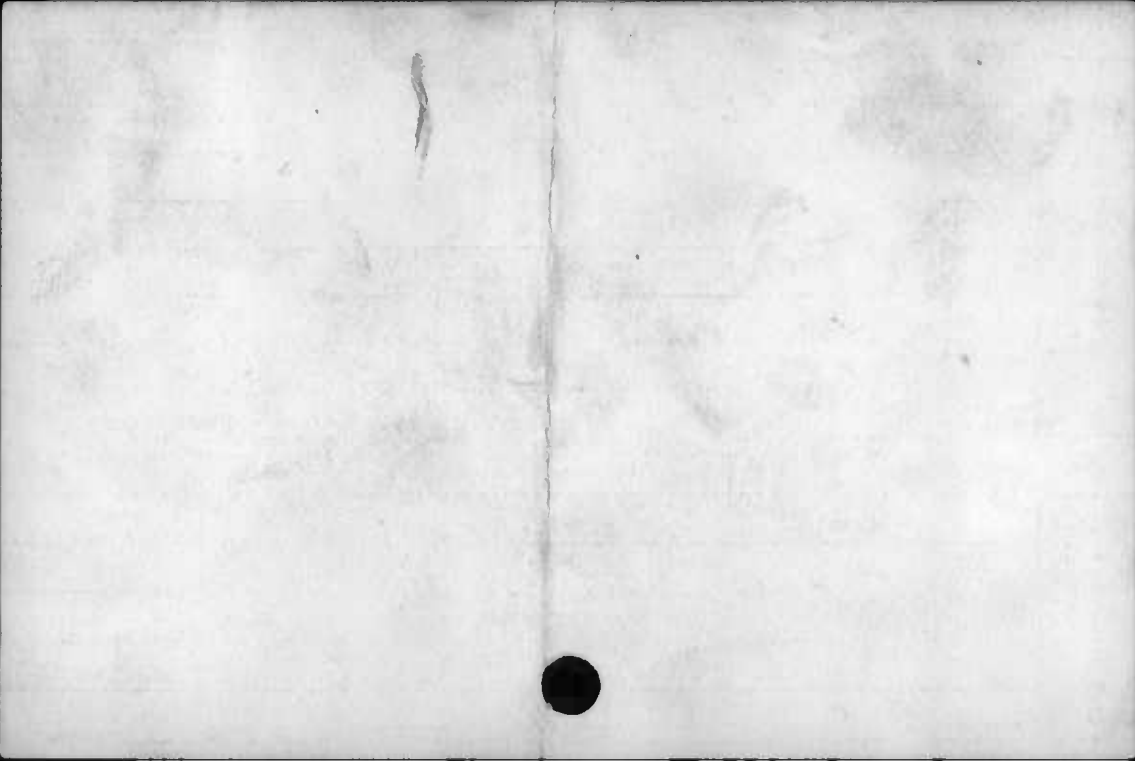
Infant Name of Wife or Husband
Father's Name George William Hill Father's Birthplace A. A. Co.
Mother's Maiden Name Anna Jackson Mother's Birthplace A. A. Co.
Name of person giving information father How related to deceased father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Marasmus How long 2 months
Immediate Exhaustion How long Gradual
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician John Ridout Address Annapolis Md
Accident or Suicide?



Name
in
Full

Henry Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

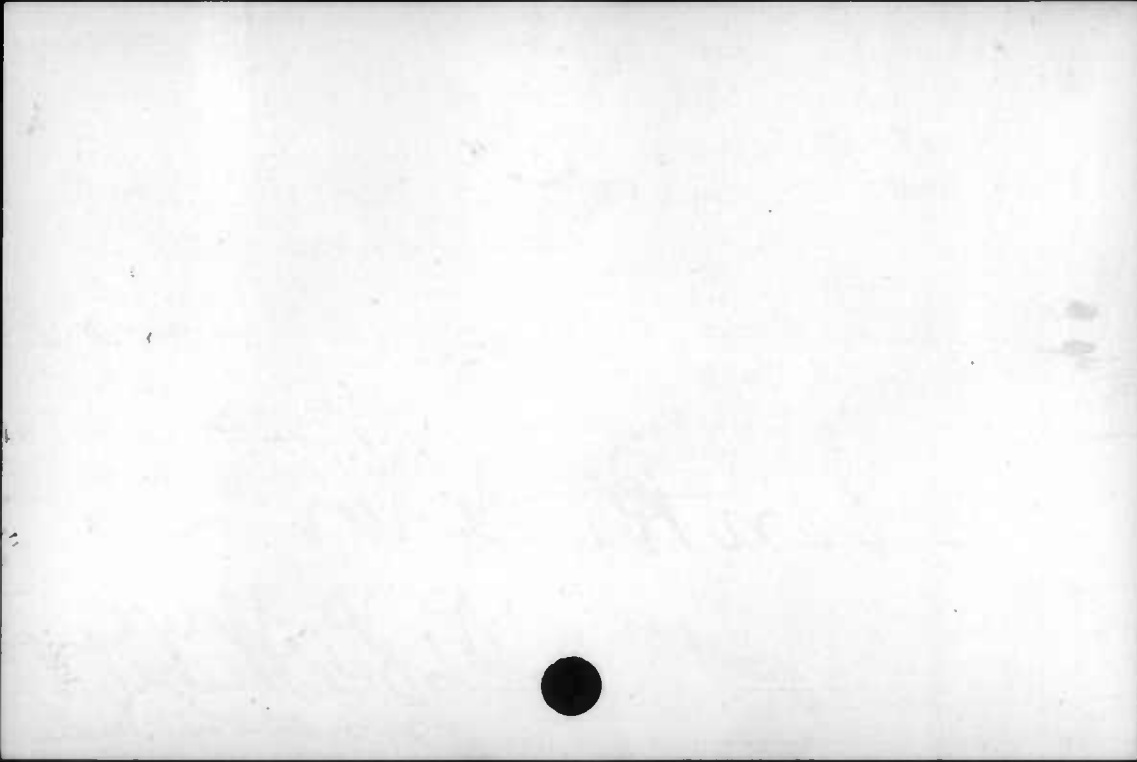
Died at <i>3rd District</i>		Town <i>D.D.</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>27</i>	Age <i>4</i>	Years	Months <i>11</i>	Days <i>12</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>A.A. Co. Md.</i>			
Occupation <i>Domestic</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Johnson</i>				Father's Birthplace <i>A.A. Co. Md.</i>			
Mother's Maiden Name <i>Lillie Colbert</i>				Mother's Birthplace <i>A.A. Co. Md.</i>			
Name of person giving information <i>Samuel H. Colbert</i>				How related to deceased <i>Son's father</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>one week</i>
Immediate <i>Heart Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Ridout</i>
	Address <i>Annapolis Md.</i>
	<i>R. F. S. No 1</i>
Accident or Suicide?	



Name
in
Full

Still Born Parker Lane

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Annapolis*

Date

of death | 90 8

Month

Oct

Day

17

Age

Years

a a co

Months

Days

Sex

male

Color or
Race

Colored

Birth-
place

a a co

Occupation

Where Residing if not
at place of death

21 monument st

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Harry Lane

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Annie Parker

Mother's
Birthplace

Annapolis

Name of person giving
In formation

Annie Parker

How related
to deceased

mother

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

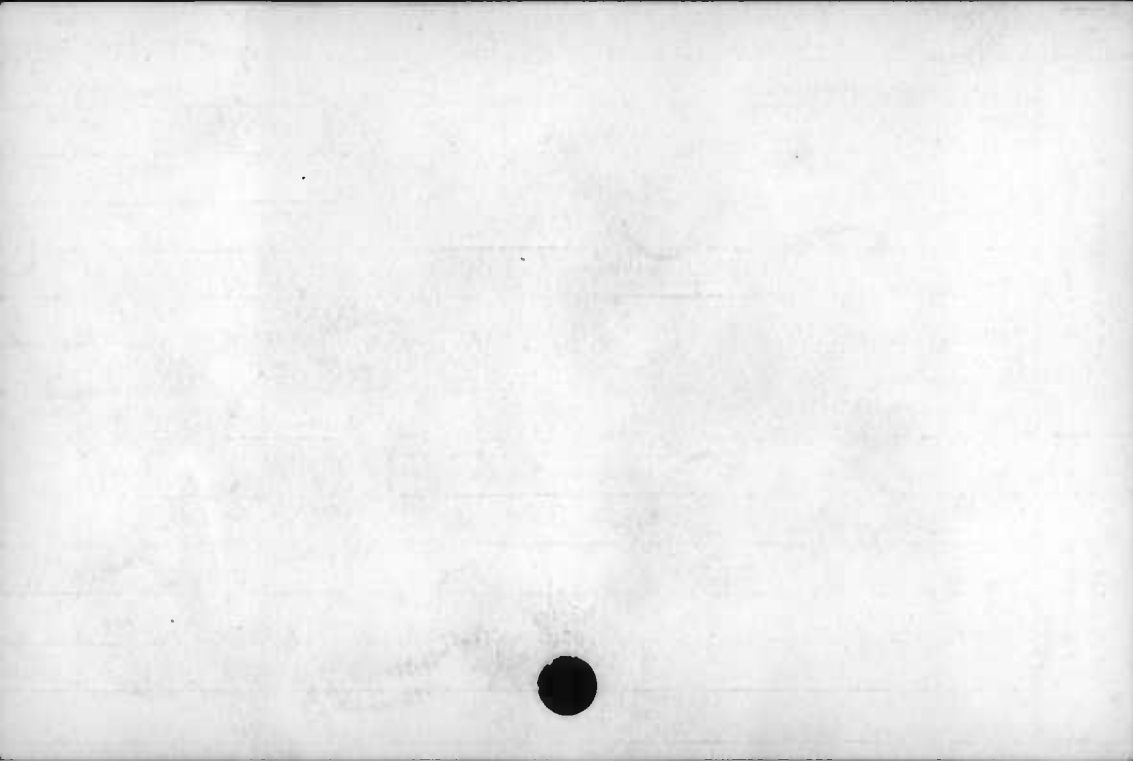
Signature of
Physician

Address

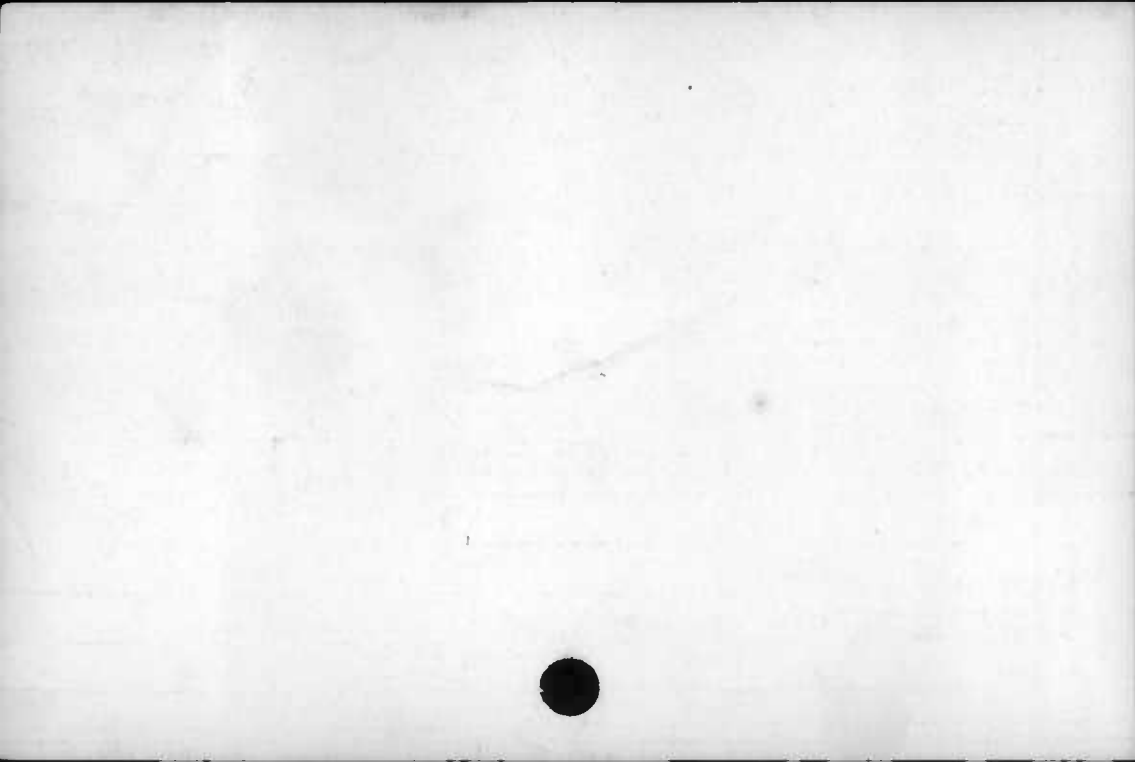
P. D. Kelle
60 Catherine St
Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		7. Lansing				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Anne Arundel		MARYLAND		
	Date of death	1908	Month	Dec	Day	19	Age	
	Sex	male		Color or Race	white		Birth-place	
	Occupation	unknown		Where Residing if not at place of death				
	Married, Single or Widowed	unknown		Name of Wife or Husband				
	Father's Name	unknown				Father's Birthplace	unknown	
	Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
	Name of person giving information	Emergency Hospital				How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">166</div>								
PHYSICIAN OR CORONER	Primary	Accident on Rail Road					How long	—
	Immediate	Acute Anemia					How long	36 hours
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	S. S. Hephner	
						Address	Annapolis Md.	
Accident or Suicide? Accident								



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

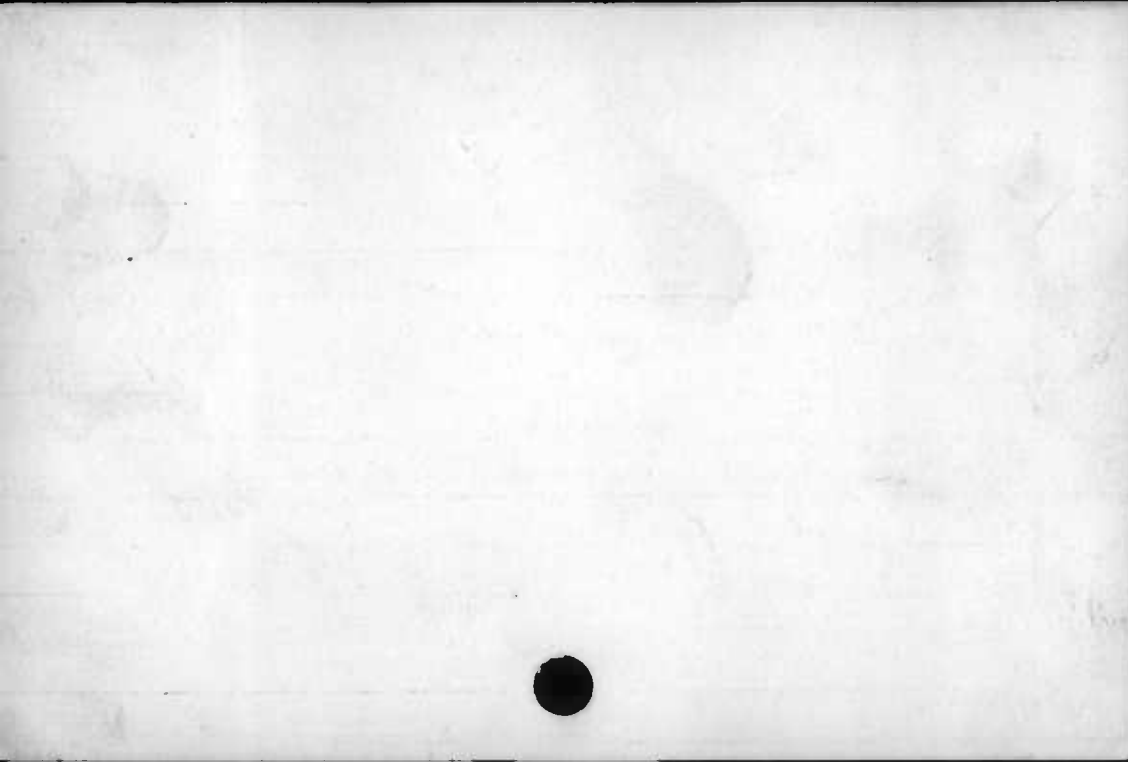
Died at <i>Honolulu</i> ^{Town}		<i>Honolulu</i> ^{County}		MARYLAND	
Date of death	1908	Month	October	Day	8
Age	49	Years		Months	
Sex	Female	Color or Race	Polynesian	Birth-place	Id
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband <i>George Lee</i>		
Father's Name	<i>Alexander Jones</i>			Father's Birthplace	Id
Mother's Maiden Name	<i>Mary Catherine</i>			Mother's Birthplace	Id
Name of person giving information	<i>George Lee</i>			How related to deceased	Uncle

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos. P. ...</i>	
		Address	
		<i>...</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> ^{Town}		<i>Ad Co</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>22</i>	Years <i>24</i>	Age <i>24</i>
Sex <i>M</i>	Color or Race <i>white</i>		Birth-place <i>Madison Va</i>		
Occupation <i>Engineer</i>			Where Residing if not at place of death —		
Married, Single or Widowed			Name of Wife or Husband —		
Father's Name <i>Melville Page Lewis</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Josephine Leach</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>R R Forsyth</i>			How related to deceased <i>Bro-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 wks</i>
Immediate <i>Heart failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J Wesley Caldwell</i>
	Address <i>735 N Fulton St</i>
Accident or Suicide?	



Name
in
Full

Edwood. Mead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

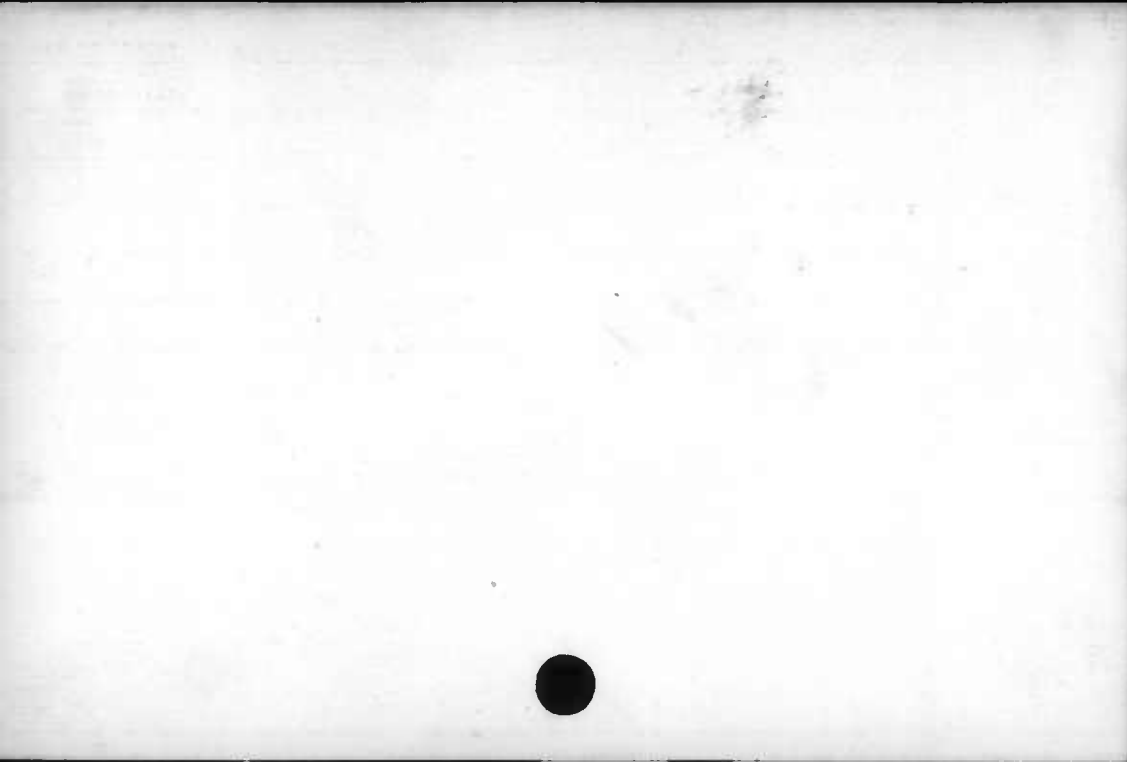
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	Oct.	Day	17
Age	54	Years		Months	6
Sex	Male	Color or Race	White	Birth-place	Queen Anne Co. Md
Occupation	Farmer	Where Residing if not at place of death		2nd dist - A.A. Co. Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Mead		
Father's Name	Charles Mead	Father's Birthplace	Queen Anne Co. Md		
Mother's Maiden Nms	Margaret Reese	Mother's Birthplace	" " " "		
Name of person giving Information	Chas. Mead	How related to deceased	Son		

CAUSES OF DEATH

(60)

Primary	Acute Inflammation of Brain	How long	Six days
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		Wm S. Welch	
Address		Annapolis	
Accident or Suicide		—	

PHYSICIAN
OR CORONER



Samuel Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

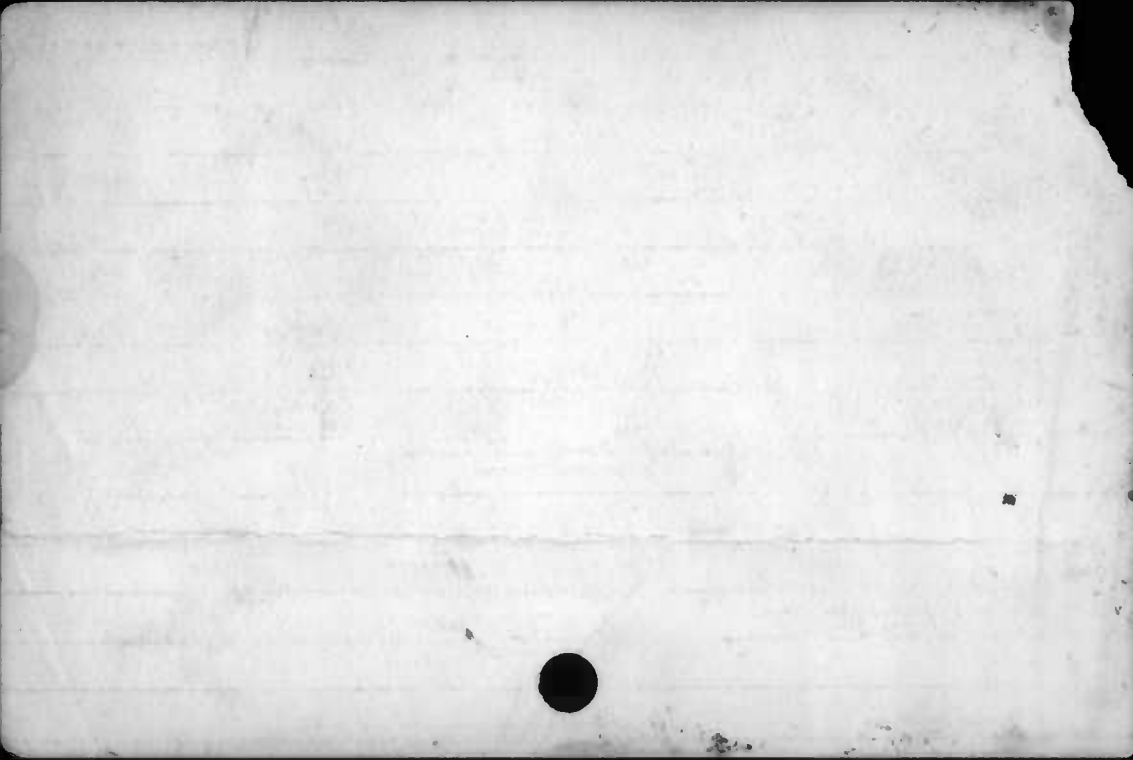
Died at <u>Omar</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>15</u>	Age <u> </u>	Months <u> </u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>infant</u>			Where Residing if not at place of death <u> </u>		
Married, Single <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Richard Miller</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah Jacobs</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Sarah Miller</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis Probable cause</u>	How long <u> </u>
Immediate	<u>Natural Causes</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. Dwyer - Justice</u>
<u>John Leach</u>		Address <u>Miller ville</u>
<u>acting as Coroner</u>		<u>Ind</u>
<u>Accident or Suicide?</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

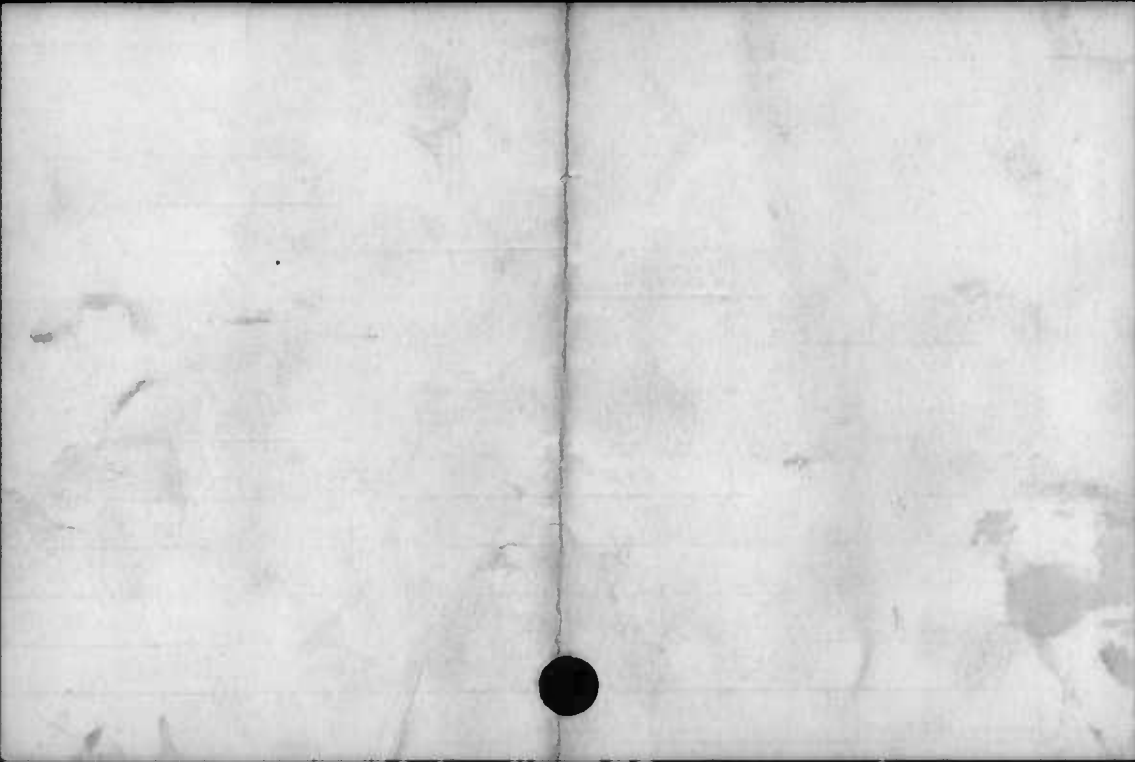
Died at <i>3rd Street</i> Town		<i>D.D.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct.</i>	Day <i>21</i>	Age	Months	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>D.D. Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Murray</i>			Father's Birthplace <i>D.D. Md.</i>		
Mother's Maiden Name <i>Annie Mactator</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>John Murray</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

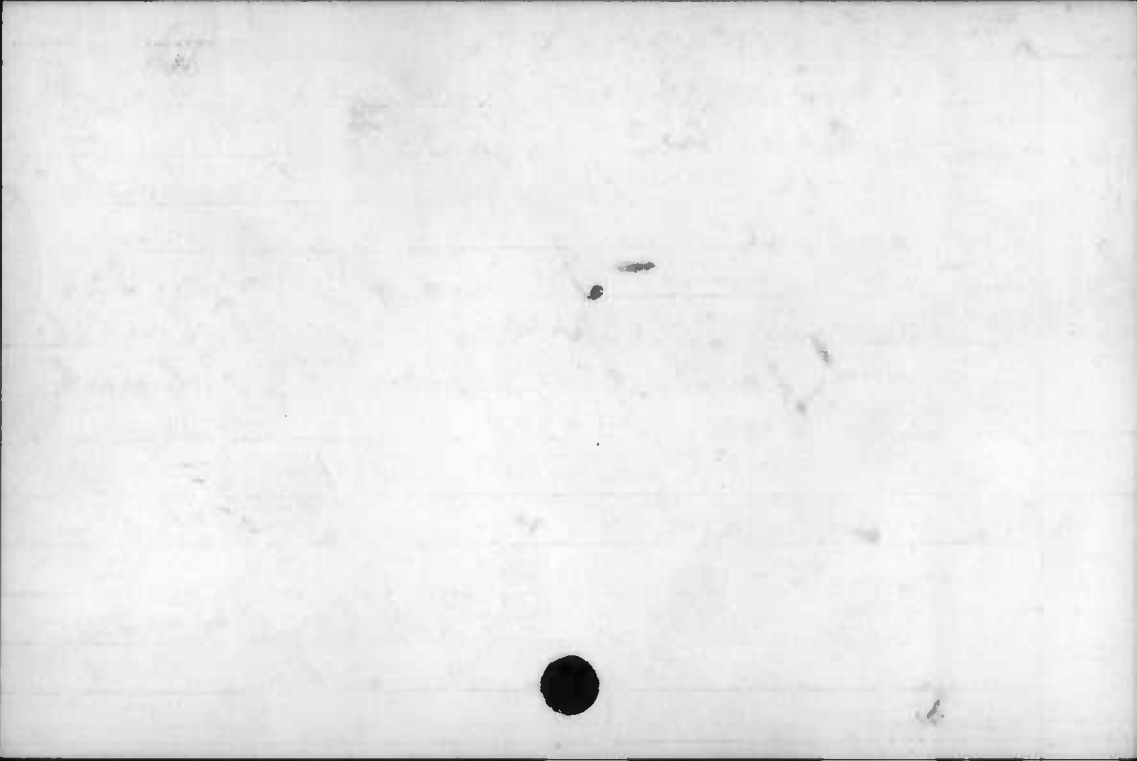
179

PHYSICIAN
OR CORONER

Primary	<i>Not known</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. D. Aidard M.D.</i>
		Address <i>Annapolis Md.</i>
Accident or Suicide?		<i>D.D. Md.</i>



Name in Full		Dora Kovakowski				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} East Brooklyn			County ^{County} a. a.			MARYLAND		
		Date of death 1908		Month Oct	Day 23	Age 23		Years	Months	Days
		Sex Female		Color or Race white		Birth-place Washington D. C.				
		Occupation Housewife		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Husband Ignis Kovakowski						
		Father's Name Wawrzyn Kolodziejewski		Father's Birthplace Poland						
Mother's Maiden Name Josefa Holewczyska		Mother's Birthplace Poland								
Name of person giving information Rena Byers		How related to deceased Sister								
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary Typhoid Fever			How long 3 weeks					
		Immediate Heart Failure			How long Immediate					
		Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician J. B. Horton M.D.					
					Address So. Balto, Md.					
<div style="display: flex; justify-content: space-between;"> Accident or Suicide? LIBRARY BUREAU A62616 </div>										



Name
in
Full

Eva. Novakowski

CERTIFICATE OF DEATH

Died at *E. Brooklyn*

Town

County *A. A.*

MARYLAND

Date of death *1908 Oct 17*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Ignus Novakowski*Father's
Birthplace*Russia*Mother's
Maiden Name*Dora Wheelwright*Mother's
Birthplace*Washington*Name of person giving
In formation*Dora Novakowski*How related
to deceased*Mother*

CAUSES OF DEATH

151

Primary

Premature Birth

How long

Immediate

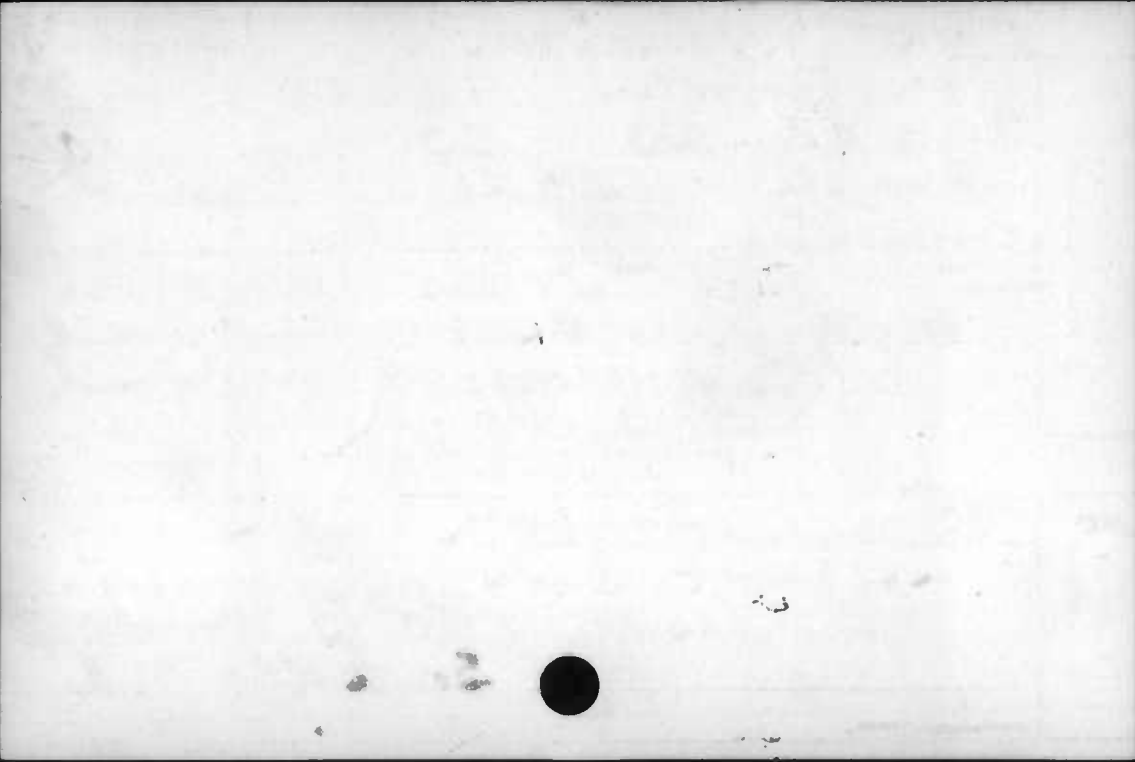
Heart Failure

How long

*Immediate*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. B. Horton MD*

Address

*501 Balto Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annie Orr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooklyn</u> Town		<u>Anne Arundel Co</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>2</u>	Age <u>40</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Lawrence Orr</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lucy C. Fowler</u>	Mother's Birthplace				
Name of person giving information <u>Emma C. Orr</u>	How related to deceased <u>Sister-in-law</u>				

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Epilepsy</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John C. Potee Cor</u>
	Address <u>Brooklyn</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Levi E. Finney

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1908 Oct 3* Age *38* Years Months *8* Days

Sex *Female* Color or Race *Colored* Birth place *Annapolis*

Occupation Where Residing if not at place of death *38 Gods Court*

~~Single~~ *Single* Name of Wife or Husband

Father's Name *Richard Finney* Father's Birthplace *Annapolis*

Mother's Maiden Name *Alinta Carroff* Mother's Birthplace

Name of person giving information *Alinta Finney* How related to deceased *Mother*

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

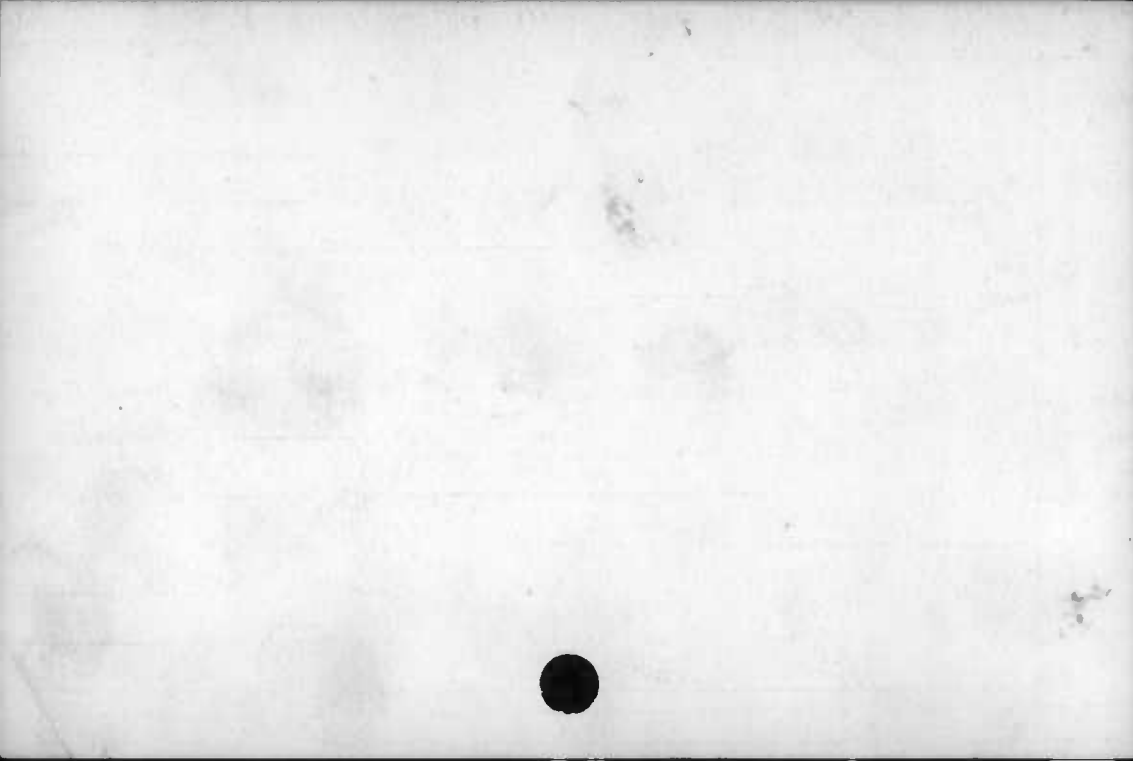
Primary *Capillary Bronchitis* *Six days*

Immediate *Asthma* *Gradual*

Are the name, age, sex, color, date and place correctly given above?
yes

Signature of Physician *John Ridout M.D.*
Address *Annapolis Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

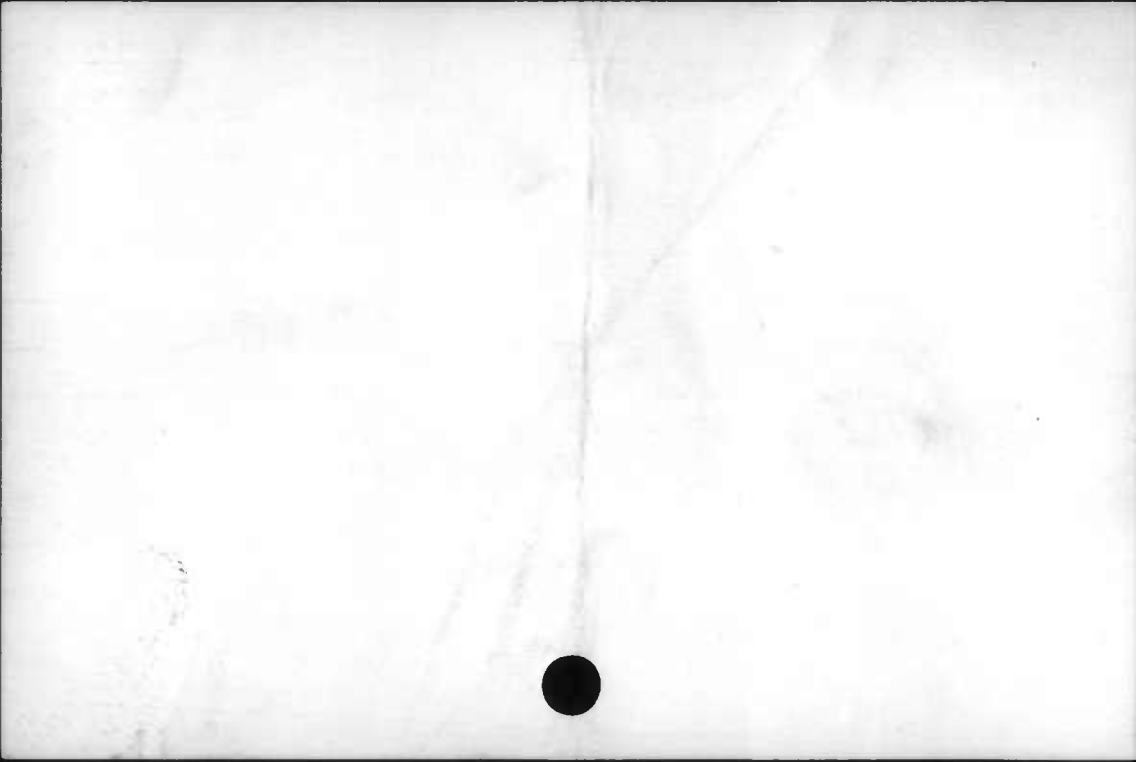
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A. A.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>9</i>		Age <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Newton Pinkney</i>				Father's Birthplace <i>Annapolis Md</i>			
Mother's Maiden Name <i>Beatrice Smith</i>				Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving Information <i>Beatrice Smith</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>months</i>
Immediate <i>Marasmus</i>	How long <i>months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ambrose Garcia M.D.</i>
	Address <i>12 Ely St Annapolis Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo E Pattee</i>		Town <i>Brooklyn</i>		County <i>a a</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Brooklyn</i>		<i>1908 10 24</i>		<i>24</i>		<i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Days	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. E. Pattee</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Pearl E Fogel</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Geo E Pattee</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>3 day</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles Brown</i>	
		Address <i>—</i>	
Accident or Suicide?			



Name
in
Full

Stephen Leroy Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis ^{County} Anne Arundel MARYLAND

Date of death 1908 ^{Month} Oct ^{Day} 11 Age ^{Years} 35- ^{Months} — ^{Days} —

Sex male Color or Race White Birth-place New Jersey

Occupation machinist Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Emergency Hospital Records How related deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

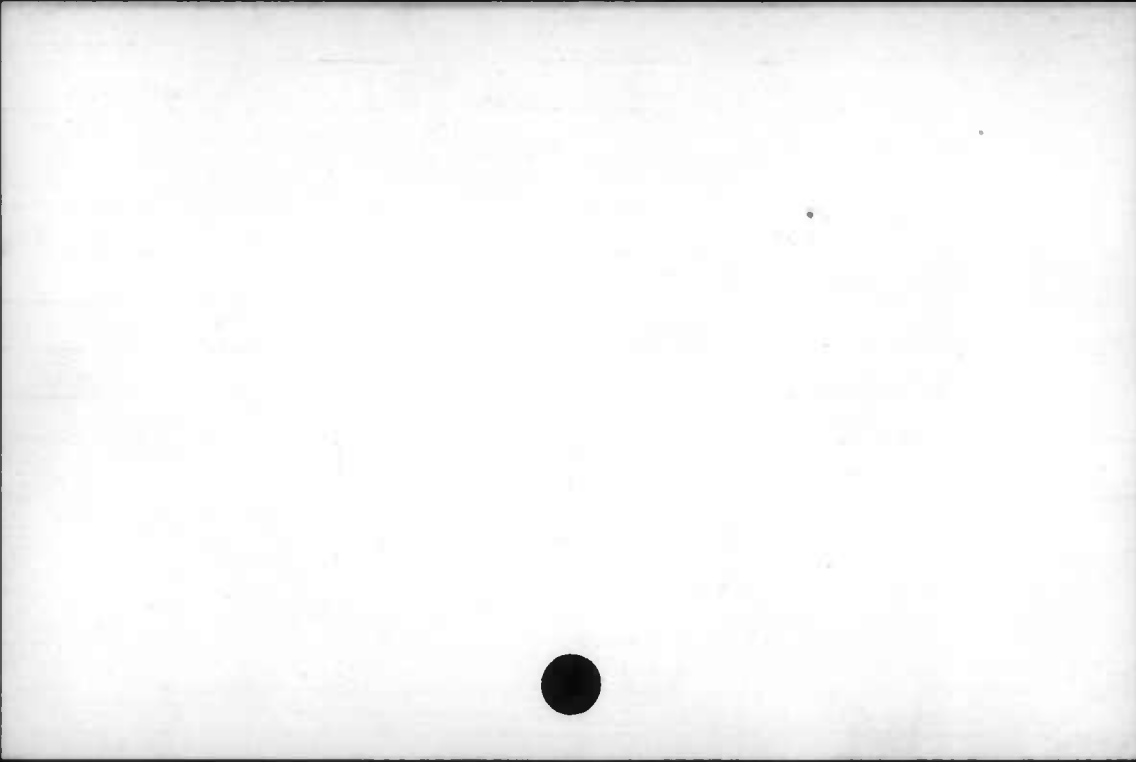
Primary Typhoid Fever How long 3 weeks

Immediate Asthenia How long four days

Are the name, age, sex, color, date and place correctly given above? As far as known Signature of Physician Geo. Wells

Address Annapolis Maryland

Accident or Suicide Yes



Name In Full Wm Louis Schmidt		TOWN Brooklyn.		COUNTY a. c.		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month		Day		Years		Months	
1908		Oct.		15		21	
Sex		Color or Race		Birth-place		Days	
male		white		Balto Md.		7	
Occupation		Where Residing if not at place of death					
Student		6th & Menlow Hill					
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Conrad Schmidt		Germany					
Mother's Maiden Name		Mother's Birthplace					
Helen Yeager		Germany					
Name of person giving information		How related to deceased					
Conrad Schmidt		Father					
CAUSES OF DEATH							
Primary		How long					
Orthritic Rheumatism		2 yrs					
Immediate		How long					
Cardiac Failure		3 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Address					
No		1228 S. Charles St					
Accident or Suicide?		Baltimore Md					
No							

Western Cemetery

October 18/08

Geo H Gerbey

14 S Pulaski St

Name
in
Full

Violet Lydia Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

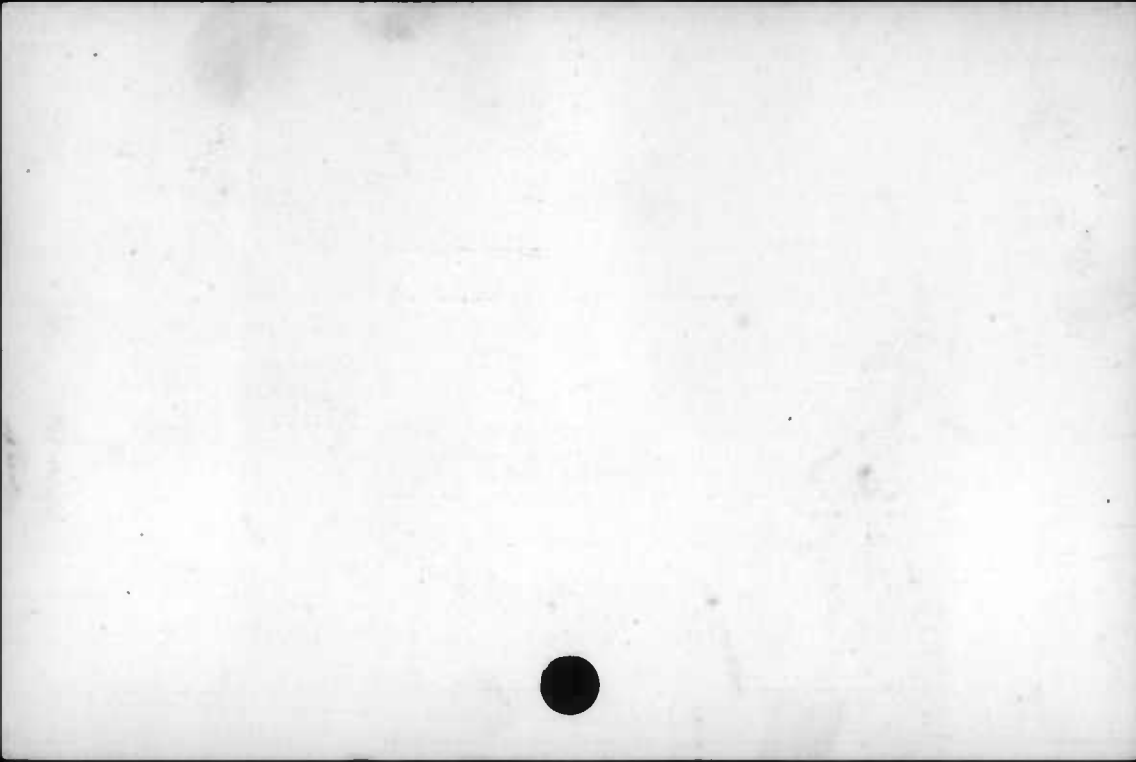
Died at <i>near Shady Side</i>		Town <i>Shady Side</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908 Oct. 1st</i>		Month <i>Oct.</i>		Day <i>1st</i>		Age <i>About 79</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>near Shady Side</i>		Months <i></i>	
Occupation <i>none</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Allen Simms</i>					
Father's Name <i>Rod. Mack</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Whitfield Simms</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>Complication of diseases.</i>		How long <i>2 years</i>	
<i>General Anasarca.</i>			
Immediate <i>Cerebral Edema</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>T. P. W. Wilson M.D.</i>	
		Address <i>Churchton Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i>		Town <i>Brooklyn</i>		County <i>aa</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>3</i>	Age	Years	Months	Days	<i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>ma</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Jas S State</i>			Father's Birthplace <i>ma</i>				
Mother's Maiden Name <i>Elizabeth Perrot</i>			Mother's Birthplace <i>ma</i>				
Name of person giving information <i>Jas S State</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>3 h</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas H Broode</i>
	Address <i>Brooklyn</i>
Accident or Suicide?	



Name
in
Full

Thomas Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

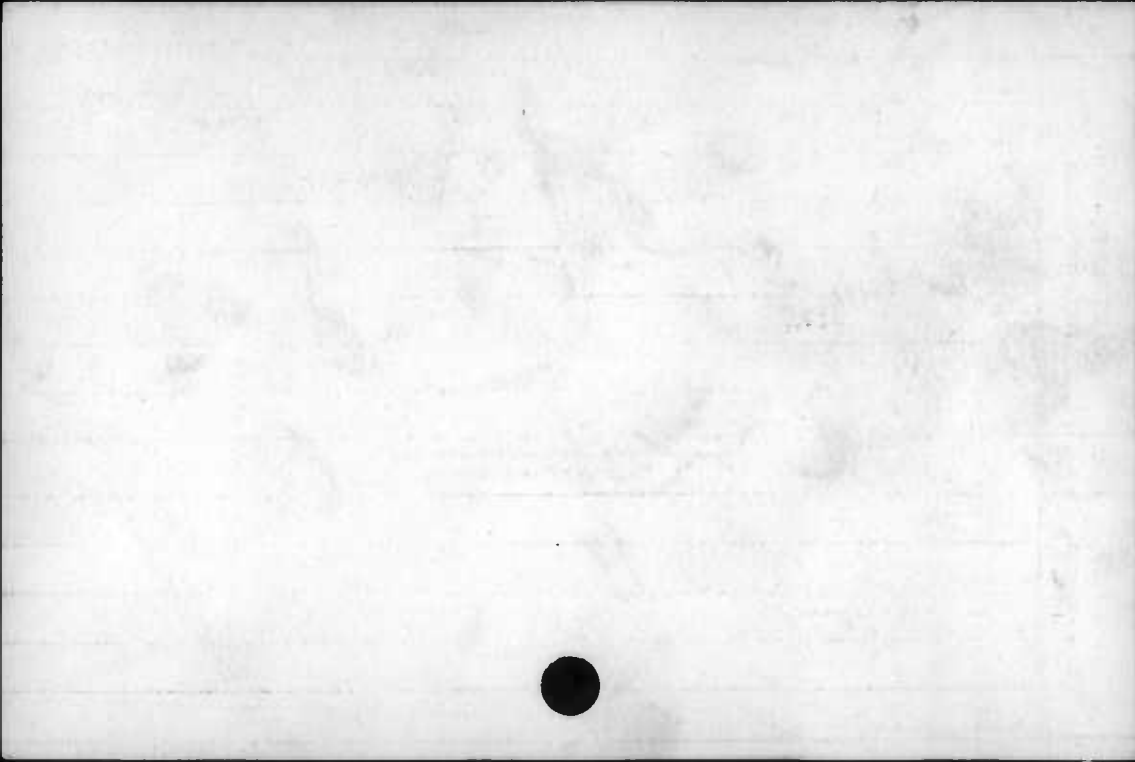
Died at <i>East port md.</i>		County <i>a. a. co.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>oct</i>	Day <i>19</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>East port</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Eastern ave East port</i>		
Married, Single or Widowed <i>single.</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Stewart</i>			Father's Birthplace <i>West River</i>		
Mother's Maiden Name <i>Lethia Turner</i>			Mother's Birthplace <i>East port.</i>		
Name of person giving information <i>Richard Turner</i>			How related to deceased <i>Grandfather.</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>malnutrition</i>	How long <i>3 mos</i>
Immediate <i>Shw Colitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Oliver Purvis</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	<i>md</i>



Name
in
Full

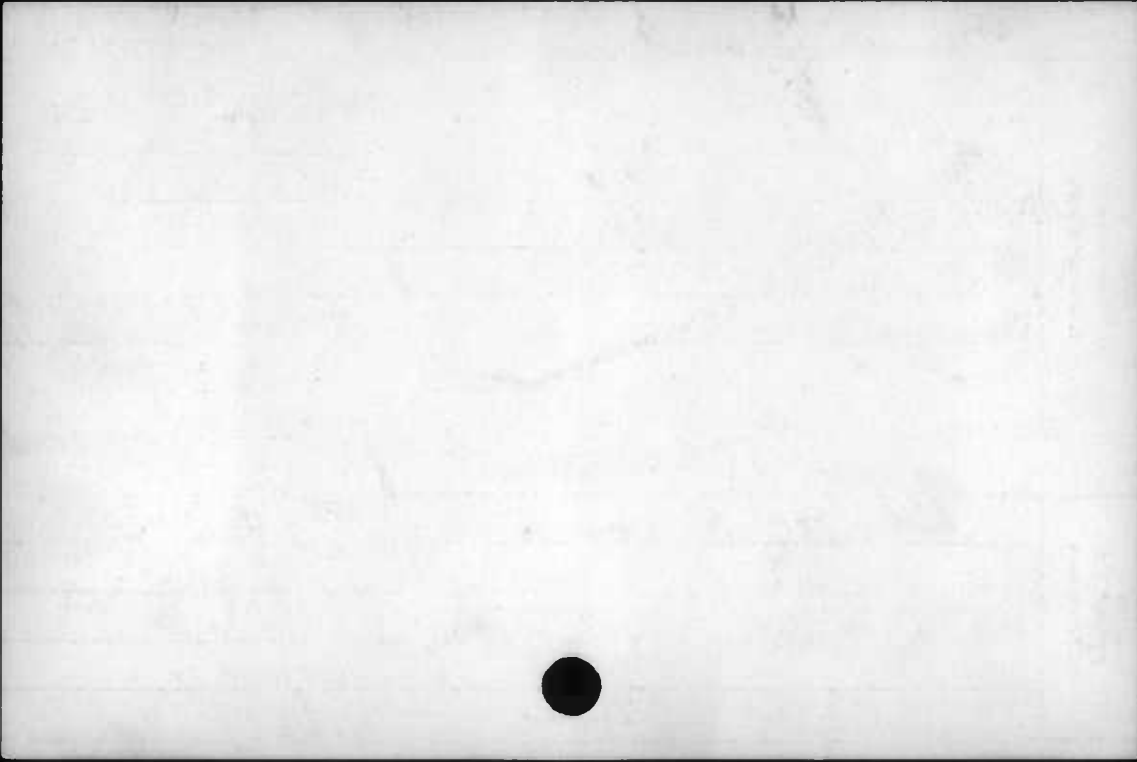
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard Stone</i>		Town <i>Annapolis</i>		County <i>A.A.Co.</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1908 Oct 11</i>		Age <i>66</i>		Months <i>6</i> Days <i>12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredricksburg Va</i>			
Occupation <i>Chief Master at Arms U.S.N.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frances Marion</i>					
Father's Name <i>Frederick Stone</i>		Father's Birthplace <i>Chilba P.</i>					
Mother's Maiden Name <i>Randall</i>		Mother's Birthplace <i>Fredricksburg Va</i>					
Name of person giving information <i>Ruby Stone</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							
Primary <i>Don't Know</i>				How long <i>Suddenly</i>			
Immediate <i>Don't Know</i>				How long <i>Probably Heart Disease</i>			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Geo. Wells</i>			
<i>Yes</i>				Address <i>Annapolis Maryland</i>			
Accident or Suicide? <i>No.</i>							

PHYSICIAN
OR CORONER

179



Name
in
Full

Frank Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

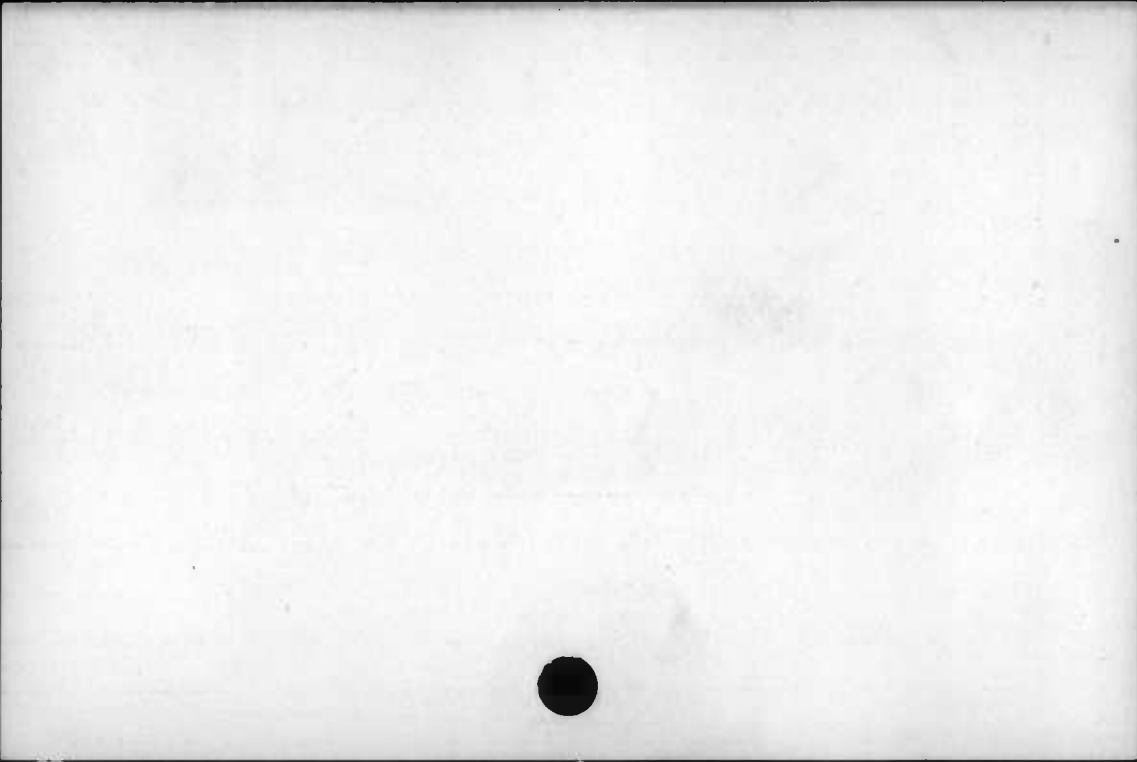
Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death	1908	Month	Oct.	Day	30	Years	32
Sex		Male		Color or Race		White	
Occupation		Chief Machinists' Mate, U.S.N.		Birth-place		Manchester, England.	
Where Residing if not at place of death		U.S.S. Dr. Long					
Married, Single or Widowed		Married		Name of Wife or Husband		Agnes Taylor	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Naval records		How related to deceased			

CAUSES OF DEATH

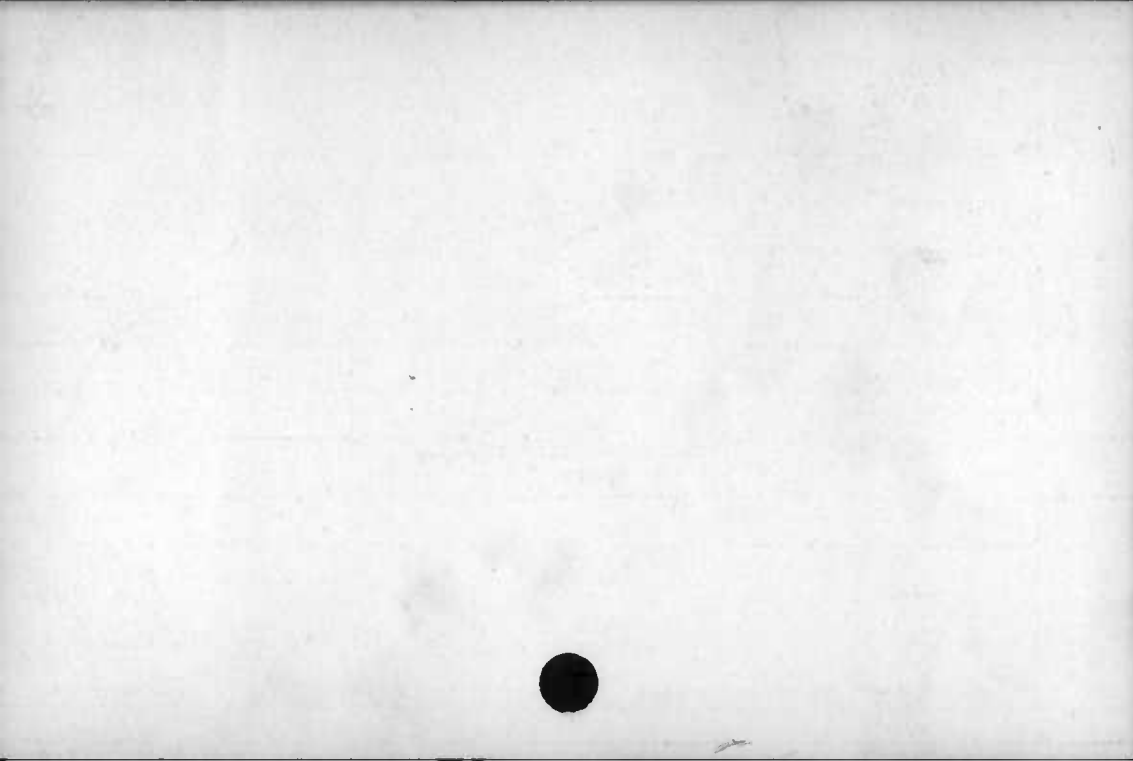
64

PHYSICIAN
OR CORONER

Primary	Cerebellar Hemorrhage	How long	2 days.
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. Adickes, P.G. Surg.	
		Address	
		U.S. Naval Hospital,	
		Annapolis, Md.	
Accident or Suicide?			



Name in Full Alexander Neal Thomas		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at South River <small>Town</small>		Anne Arundel <small>County</small>
	Date of death 1908 Oct <small>Month</small>		9 <small>Day</small>
	Age 6 <small>Years</small>		6 <small>Months</small>
	Sex Male		Color or Race Light Brown
	Occupation		Birth-place Philada. Pa.
	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Isaac Thomas		Father's Birthplace Monistown	
Mother's Maiden Name Mattie Neal		Mother's Birthplace Camden N. J.	
Name of person giving Information R. H. Neal		How related to deceased Grand-father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Typhoid fever		How long 12 days
	Immediate Dysentery		How long 12 days
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Collinson
			Address South River
	Accident or Suicide?		McL.



Name in Full		Ida Thompson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1908		Oct.	11	Age	1	4
	Sex		Color or Race		Birth-place		
	Female		Colored		Churchton		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
Single							
Father's Name		Louis W. Thompson				Father's Birthplace	
Churchton							
Mother's Maiden Name		Isabelle Thompson				Mother's Birthplace	
Churchton							
Name of person giving information		Marshall Thompson				How related to deceased	
Uncle							
		CAUSES OF DEATH		27			
PHYSICIAN OR CORONER	Primary		General Tuberculosis			How long	
	Six months						
	Immediate		Inanition			How long	
	One month						
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
P. R. W. Wilson		Address		Churchton			
A.A. Co.							
Accident or Suicide?							



Name
in
Full

David Toodles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

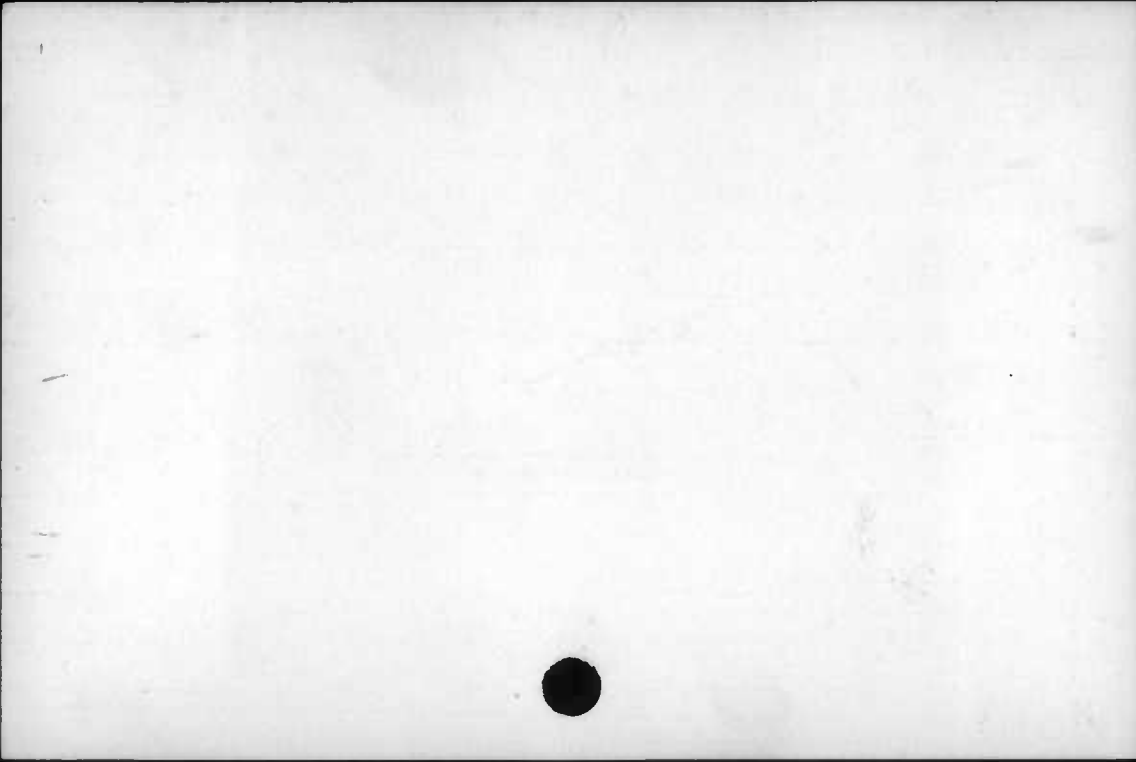
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1908 Oct 9</i>		Month <i>Oct</i>		Day <i>9</i>		Age <i>unb</i>	
Sex <i>male</i>		Color or Race <i>Coloured</i>		Birth-place <i>A A Co Md</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Annapolis Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Harry Toodles</i>		Father's Birthplace <i>A A Co Md</i>					
Mother's Maiden Name <i>Louise Wallace</i>		Mother's Birthplace <i>A A Co Md</i>					
Name of person giving information <i>Adeline Toodles</i>		How related to deceased <i>Sister in Law</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		
Signature of Physician <i>Walton H Hopkins</i>		Address <i>Annapolis Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

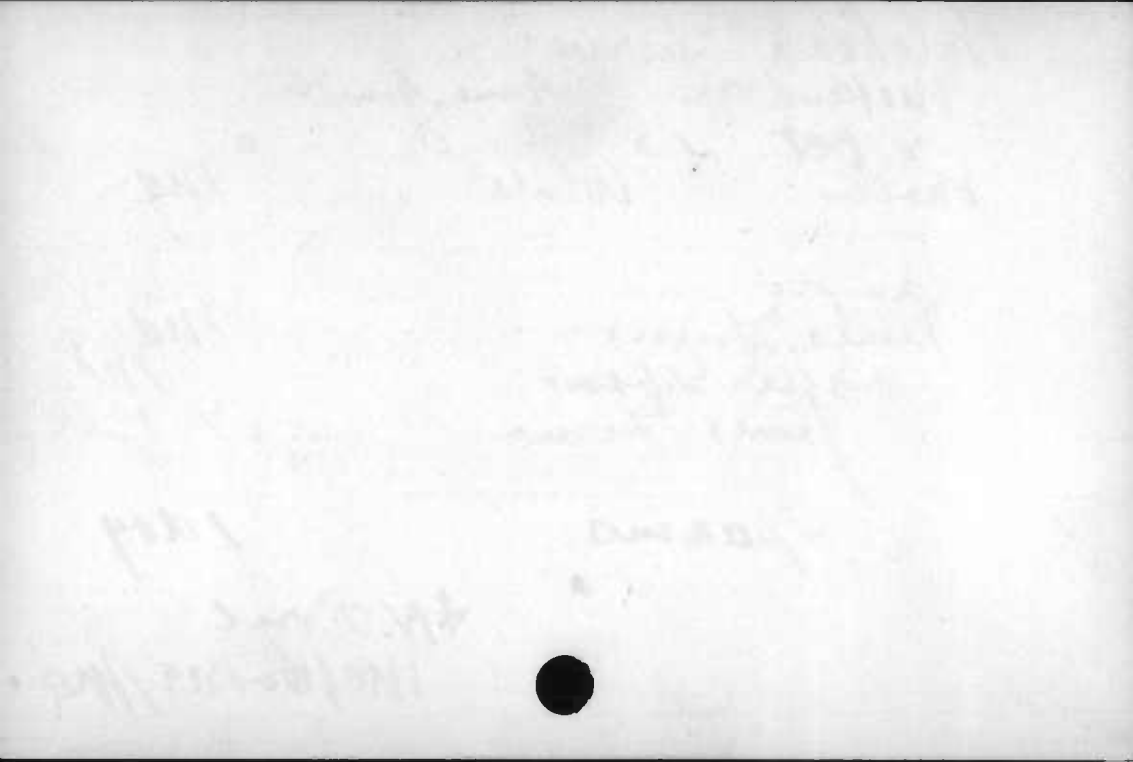
Died at <i>Brooklyn</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>14</i>
Age	<i>10</i>		Years	<i>10</i>	
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation			Birth-place	<i>Maryland</i>	
			Where Residing if not at place of death	<i>Brooklyn</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Walter L Towns</i>			Father's Birthplace	<i>North Carolina</i>
Mother's Maiden Name	<i>Annie Brooks</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Annie Towns</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Marasmus</i>	How long <i>About 1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Blue Coroner</i>
	Address <i>Brooklyn</i>
	<i>A. A. C. Old</i>
Accident or Suicide?	



Name
in
Full

Malakiah Turner

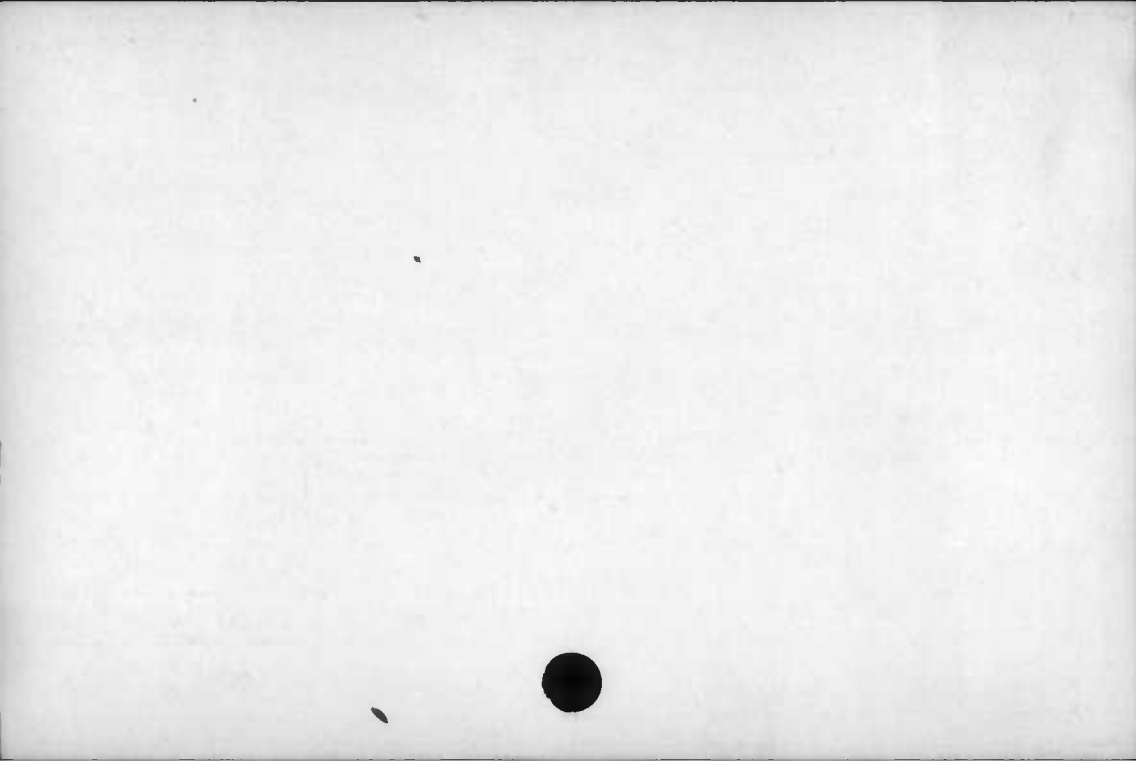
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town McKendrick		County Anne Arundel		MARYLAND	
Date of death		1908	Month Oct	Day 18	Years 0	Months 0	Days 2
Sex Male		Color or Race White		Birth- place Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		James Turner				Father's Birthplace Md.	
Mother's Maiden Name		Belle Gibson				Mother's Birthplace Md.	
Name of person giving In formation		James Turner				How related to deceased Father	

CAUSES OF DEATH

Primary	Spasms	How long	71	How long	1 day
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. N. Perne			
		Address McKendrick, Md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

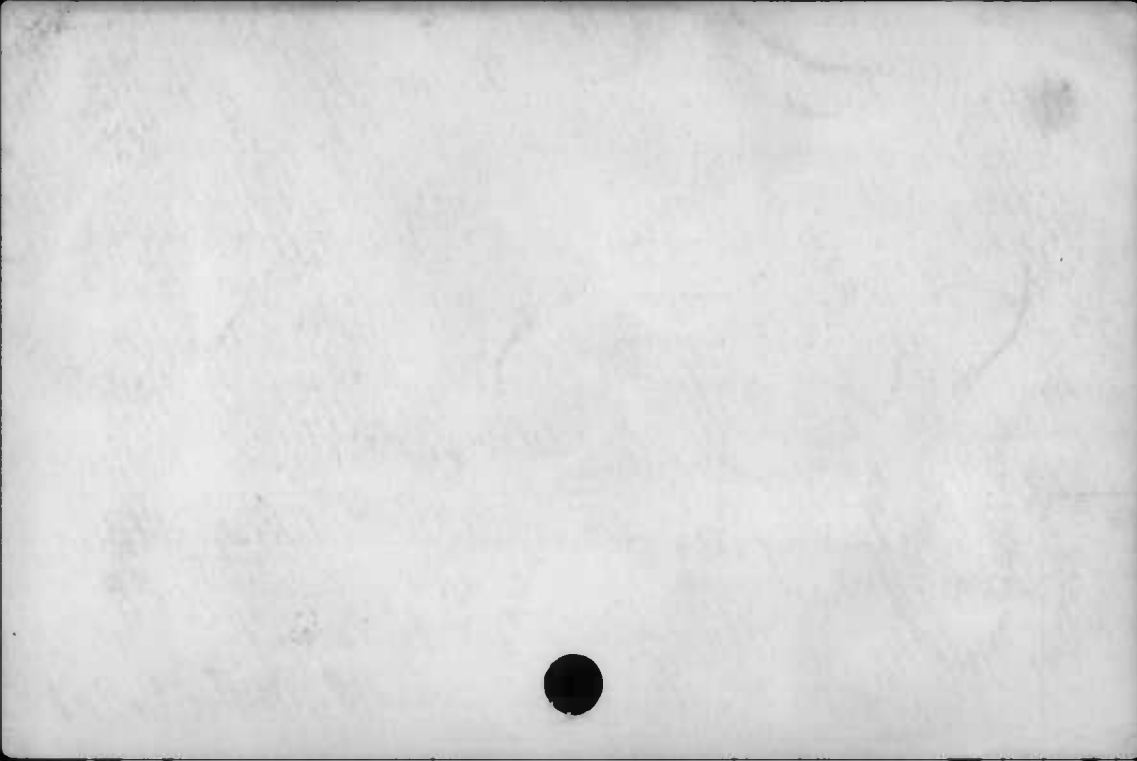
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> ^{Month}	<i>17</i> ^{Day}	Age <i>27</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>waiter</i>	Where Residing if not at place of death <i>28 Washington St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Joak Brown</i>	Father's Birthplace <i>Doukland</i>				
Mother's Maiden Name <i>Emma West</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Mollie Chase</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Several weeks</i>
<i>Nephritis</i>	How long
Immediate <i>Nephritis</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout, M.D.</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ernest Whitfield Wright

Died at Bristol ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1908 ^{Month} Oct ^{Day} 10 ^{Years} 0 ^{Months} 7 ^{Days} —

Sex Male Color or Race Black Birth-place Ind.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name William Wright ✓ Father's Birthplace Ind.

Mother's Maiden Name Marriett Evans. ✓ Mother's Birthplace Ind.

Name of person giving Information Wm Wright How related to deceased Father

CAUSES OF DEATH

(61)

Primary Meningitis (Cerebral) How long 4 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. A. Perrie,
The Kendree, Ind.

Accident or Suicide

PHYSICIAN
OR CORONER

(11)

